

UNITED STATES DISTRICT COURT

for the

Southern District of Illinois

Manith Vilaybong

19-748-SMY

) Case Number: N/A
(Clerk's Office will provide)

Plaintiff/Petitioner(s)

v.

Dr. Benenio Santos
LANA NALEWIAK HCUA

Defendant/Respondent(s)

-) CIVIL RIGHTS COMPLAINT
pursuant to 42 U.S.C. §1983 (State Prisoner)
)) CIVIL RIGHTS COMPLAINT
pursuant to 28 U.S.C. §1331 (Federal Prisoner)
)) CIVIL COMPLAINT
pursuant to the Federal Tort Claims Act,
28 U.S.C. §§1346, 2671-2680, or other law

I. JURISDICTION 28 U.S.C. §§1331 + 1343

Plaintiff:

A. Plaintiff's mailing address, register number, and present place of confinement

C.C.C.
P.O.BOX 7711
Centralia IL 62801

Defendant #1:

B. Defendant Dr. Benenio Santos is employed as

(a) (Name of First Defendant)

PHYSICIAN

(b) (Position/TITLE)

with WEXFORD

(c) (Employer's Name and Address)

N/A

At the time the claim(s) alleged this complaint arose, was Defendant #1 employed by the state, local, or federal government? Yes No

If your answer is YES, briefly explain:

Provides health care for 1 DOC

Defendant #2:

C. Defendant Lara Nalewajka is employed as

(Name of Second Defendant)

HCUA, ADD COORDINATOR

(Position/Title)

with I.D.O.C.

(Employer's Name and Address)

C.C.C. P.O. BOX 7711, Centralia IL, 62801

At the time the claim(s) alleged in this complaint arose, was Defendant #2 employed by the state, local, or federal government? Yes No

If you answer is YES, briefly explain:

Defendant is a state employee who supervises the HCU at C.C.C.

Additional Defendant(s) (if any):

D. Using the outline set forth above, identify any additional Defendant(s).

II. PREVIOUS LAWSUITS

- A. Have you begun any other lawsuits in state or federal court relating to your imprisonment? Yes No
- B. If your answer to "A" is YES, describe each lawsuit in the space below. If there is more than one lawsuit, you must describe the additional lawsuits on another sheet of paper using the same outline. Failure to comply with this provision may result in summary denial of your complaint
1. Parties to previous lawsuits:
Plaintiff(s): Vilayhong
- Defendant(s): Gors
2. Court (if federal court, name of the district; if state court, name of the county):
3. Docket number: 15-3302
4. Name of Judge to whom case was assigned: Baker
5. Type of case (for example: Was it a habeas corpus or civil rights action?): Civil rights
6. Disposition of case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Dismissed
7. Approximate date of filing lawsuit: 2015
8. Approximate date of disposition: 2017

III. GRIEVANCE PROCEDURE

A. Is there a prisoner grievance procedure in the institution? Yes No

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes No

C. If your answer is YES,

1. What steps did you take?

EXHAUSTED

2. What was the result?

EXHAUSTED

D. If your answer is NO, explain why not.

E. If there is no prisoner grievance procedure in the institution, did you complain to prison authorities? Yes No

F. If your answer is YES,

1. What steps did you take?

2. What was the result?

G. If your answer is NO, explain why not.

H. Attach copies of your request for an administrative remedy and any response you received. If you cannot do so, explain why not.

V. REQUEST FOR RELIEF

State exactly what you want this court to do for you. If you are a state or federal prisoner and seek relief which affects the fact or duration of your imprisonment (for example: illegal detention, restoration of good time, expungement of records, or parole), you must file your claim on a habeas corpus form, pursuant to 28 U.S.C. §§ 2241, 2254, or 2255. Copies of these forms are available from the clerk's office.

1. Request compensatory and punitive damages
2. Request adequate medical treatment
3. Request Drs. and Warford send plaintiff to ENT Specialist .

VI. JURY DEMAND (check one box below)

The plaintiff does does not request a trial by jury.

DECLARATION UNDER FEDERAL RULE OF CIVIL PROCEDURE 11

I certify to the best of my knowledge, information, and belief, that this complaint is in full compliance with Rule 11(a) and 11(b) of the Federal Rules of Civil Procedure. The undersigned also recognizes that failure to comply with Rule 11 may result in sanctions.

Signed on: 7-9-19
(date)

M. V. Dargan
Signature of Plaintiff

P.O. Box 7711
Street Address

MANITOULAVATIONG
Printed Name

Centerville IL, 62280
City, State, Zip

M17024
Prisoner Register Number

Signature of Attorney (if any)

COMPLAINT

This is a civil rights action filed by state prisoner Manith Vilayhong, alleging violation of his 8th Amendment Right to be free from cruel and unusual punishment. Plaintiff alleges Defendants were and continue to be Deliberately Indifferent to his serious medical needs (EXHIBIT 2s).

Plaintiff has Chronic Otitis Media which resulted from well established 2 major staph infections of MANY PSEUDOMONAS AERUGINOSA VARIETY 1, AND MANY PSEUDOMONAS AERUGINOSA VARIETY 2. From Plaintiff's initial complaints of excruciating ear pain, it took an unreasonable delay of 71 days for the Physician Benesio Santos to perform a culture swab (EXHIBIT 2s pg. 8)

On 4-29-19, Physician Defendant Santos diagnosed Plaintiff as having THRUST on his tongue (which is a side-effect of the 30 days of oral LEVOQUIN Plaintiff took for his Pseudomonas infections EXHIBIT 201) and Defendant Santos prescribed him probiotics, (EXHIBIT 3p)

On June 1, 2019, and June 2, 2019, Plaintiff once again appealed his treatment from the physician to Defendant Laura Nalewajka (EXHIBIT 3a, 3b)

On 6-26-19 Plaintiff once again went to HCO complaining of Bi-lateral ear pain and chronic Otitis media and the treating nurse deemed his issue as merely a small amount of ear wax, therefore Plaintiff grieved and Defendant Laura Nalewajka turned a blind eye (EXHIBIT 3i, 3j, 3k, 3p)

On July 8, 2019, a fill in Physician from Pickneyville C.C. examined Plaintiff's ears and told him he had thrush in his ears (EXHIBIT 3p).

The documentation contained in this complaint shows a pattern of Defendant Santos and Defendant Nalewajka Deliberate Indifference to Plaintiff's serious medical needs.

Respectfully Submitted
MANITH VILAYTHONG M17024
C.I.C.
P.O.BOX 7711
Centralia IL 62801

I MANITH VILAYTHONG, hereby declare that foregoing statements are true and correct under penalty of perjury pursuant to 28 U.S.C. § 1746.

M Vilaythong

CERTIFICATE OF SERVICE

I, MANITH VILAYTHONG, hereby certify that on July 9, 2019
I caused a true and correct copy of Complaint, Exhibits
1a through 3p, to be mailed through institutional mail to
the proper address with postage prepayed to:

CLERK OF COURT

SOUTHERN DISTRICT OF ILLINOIS

750 MISSOURI AVENUE

EAST ST. LOUIS, IL 62201

RESPECTFULLY SUBMITTED

MANITH VILAYTHONG

C.R.C.

P.O. BOX 7711

Centralia IL 62801

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Western Illinois Correctional Center

Offender Information:

Earache/Earwax Impaction

Vilayhong Manith

Last Name

First Name

MI ID#: M17024

Date/Time	Subjective, Objective, Assessment	Plans
8/13/14 10:40 AM	<p>S) - Duration <i>ear ache x 30 days</i></p> <ul style="list-style-type: none"> - Which ear (left or right) - Have you recently had a cold, cough, fever or sore throat Yes <input checked="" type="radio"/> No <input type="radio"/> - If yes: pain level 1 – 10 (10 being the most severe) <i>comes and goes.</i> - Has there been any drainage Yes <input checked="" type="radio"/> No <input type="radio"/> - Any hearing loss <i>at times</i> - Have you put anything into YOUR ears No <input checked="" type="radio"/> Yes <input type="radio"/> <i>① - tips</i> - Past history of earache, ear infection or ear surgery Yes <input checked="" type="radio"/> No <input type="radio"/> - Allergies to medication <i>- NKA -</i> 	<p>P) Refer to MD</p> <ul style="list-style-type: none"> - If redness with fever over 101°, acute pain, drainage or swelling, hearing loss, inability to visualize tympanic membranes, excessive ear wax build-up requiring medication or manual extraction neck node enlargement/pain or symptoms that fail to respond to treatment protocol <p>No MD Referral</p> <p>PT</p>
	<ul style="list-style-type: none"> - Discomfort: Acetaminophen 325 mg, 1 – 2 tablets t.i.d. PRN X 3 days (18 tablets) OR Ibuprofen 200 mg, 1-2 tablets t.i.d. with meal PRN X 3 days (18 tabs) - Earwax: Debrox 4-6 drops b.i.d. x 5 days. Refer to clinic for F/U after 5 days for ear flushing with warm water 	
		<p>Patient Teaching</p> <ul style="list-style-type: none"> - Do not put anything in ear <p>PT</p>
O) T 98.1 P 64 R 16 BP 118/70 WT 151		<ul style="list-style-type: none"> - Medication use <p>PT</p>
	<ul style="list-style-type: none"> - Look into ear, nose & throat for swelling, drainage, redness, color of the tympanic membrane <i>as above</i> - Appearance of external ear and oral cavity: Describe <i>Ear c minor redness @ base of tympanic membrane. Ear c dark brown cerumen.</i> - Perforation visualized Yes <input checked="" type="radio"/> No <input type="radio"/> - Test hearing (finger rub) Left: <input checked="" type="radio"/> Y/N Right: <input checked="" type="radio"/> Y/N - Check neck for node pain or for enlargement Yes <input checked="" type="radio"/> No <input type="radio"/> 	<ul style="list-style-type: none"> - Proper ear covering (hat in winter or windy weather) <i>- told -</i> <p>Follow-Up</p> <ul style="list-style-type: none"> - Return to sick call if symptoms worsen or persist <p>PT</p>
A) Alteration in comfort <i>states had big fly in pt ear</i>		<p>Nurse Signature <i>B. Helcig LPN</i></p> <p>Payment voucher <i>YES NO</i></p>

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Western Illinois Correctional Center

Offender Information:

Vilayhong Manith MI ID#: M17024

Last Name First Name MI ID#:

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Western Illinois Correctional Center

Earache/Earwax Impaction

Offender Information:

Vulay Ling Marth M17024

Last Name

First Name

ID#:

Date/Time	Subjective, Objective, Assessment	Plans
9/9/14 100 PM	<p>S) - Duration <u>for the last 2 months.</u></p> <ul style="list-style-type: none"> - Which ear (left or right) - Have you recently had a cold, cough, fever or sore throat Yes <input checked="" type="radio"/> No <input type="radio"/> - If yes: pain level 1 – 10 (10 being the most severe) <u>5/6 out of 10</u> - Has there been any drainage Yes <input checked="" type="radio"/> No <input type="radio"/> - Any hearing loss Yes <input checked="" type="radio"/> No <input type="radio"/> <u>S/R. Comes & goes.</u> - Have you put anything into YOUR ears Yes <input checked="" type="radio"/> No <input type="radio"/> <u>Q-tips</u> - Past history of earache, ear infection or ear surgery Yes <input checked="" type="radio"/> No <input type="radio"/> - Allergies to medication Yes <input checked="" type="radio"/> No <input type="radio"/> <u>nka.</u> 	<p>P) Refer to MD <u>DSC 9/11/14.</u></p> <ul style="list-style-type: none"> - If redness with fever over 101°, acute pain, drainage or swelling, <u>hearing loss</u>, inability to visualize tympanic membranes, excessive ear wax build-up requiring medication or manual extraction neck node enlargement/pain or symptoms that fail to respond to treatment protocol - No MD Referral - Discomfort: Acetaminophen 325 mg, 1 – 2 tablets t.i.d. PRN X 3 days (18 tablets) OR Ibuprofen 200 mg 1-2 tablets t.i.d. with meal PRN X 3 days (18 tabs) - Earwax: Debrox 4-6 drops b.i.d. x 5 days. Refer to clinic for F/U after 5 days for ear flushing with warm water - Do not put anything in ear - Medication use - Proper ear covering (hat in winter or windy weather)
O)	<p>T_{98.4} P₆₈ R₂₀ BP_{122/74} WT₁₅₀</p> <ul style="list-style-type: none"> - Look into ear, nose & throat for swelling, drainage, redness, color of the tympanic membrane <u>clear</u>. <u>tympanic membrane dark grey</u>. - Appearance of external ear and oral cavity: Describe <u>normal</u>. - Perforation visualized Yes <input checked="" type="radio"/> No <input type="radio"/> - Test hearing (finger rub) Left: <u>YN</u> Right: <u>YN</u> - Check neck for node pain or for enlargement Yes <input checked="" type="radio"/> No <input type="radio"/> 	<p>Follow-Up</p> <ul style="list-style-type: none"> - Return to sick call if symptoms worsen or persist
A)	Alteration in comfort	<p>Nurse Signature <u>J. H. Lee</u></p> <p>Payment voucher YES <input checked="" type="radio"/> NO <input type="radio"/></p>

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Outpatient Progress Notes
Western Illinois Correctional Center

Offender Information:			
	<u>Vilayhong</u> - <u>Manita</u>	Last Name	First Name
		MI	ID#: <u>M17024</u>
Date/Time	Subjective, Objective, Assessment	Plans	
9-11-14 2:56 PM	<p>MD SICK CALL 01 AMT 100.00 WT 155 BP 142 T 97.3 P 61 R 16 R 100, min</p> <p>28 yo Asian male seen 9/7/14 by nurse Still for cerumen impaction x 2 weeks. % ear pain and decreased hearing right ear off and on Referred as odd on today. - seen 8/13/14 NSC for earache and cerasymp lymphadenopathy. Rx issued. advised. ibuprofen.</p> <p>Slight % right ear pain for a couple weeks. hearing is unaffected once it subsides, for 6-7 seconds every few days. pain is often fine one day, hurts next day. irregular pattern. Obj: pleads swallowing helps little. VSS AF.</p> <p>otoscopy unremarkable. scant cerumen. canals not swollen, no redness, no purulence or discharge. TM's grey shiny - no retraction or bulge. some red capillaries on TM.</p> <p>PTNS : assess & intermittent right ear pain and muffled hearing % w/ blocked eustachian tube. so</p>	<p>Play</p> <ol style="list-style-type: none"> discussed etiology of decreased/increased pressure in middle ear due to temporarily blocked eustachian tube. discussed valsalva maneuver to push air into middle ear discussed using sunflower or chewing to get eustachian tube to open and allow pressure equalization in the ears. <p style="text-align: center;">JL</p>	
arrived to NSC 7/2/14			

for **depressions** **recessed** **ears** **middle** **ear** **pressure** **does** **not** **equalize** **which** **in** **either** **ear** **retract** **or** **bulge** **causing** **TM** **to** **either** **retract** **or** **bulge** **which** **in** **either** **ear** **would** **cause** **ear** **pain** **and** **itching**

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Western Illinois Correctional Center

Offender Information:

Earache/Earwax
Impaction

Vilayhong Manith MI7024
 Last Name First Name MI ID#:

Date/Time	Subjective, Objective, Assessment	Plans
9/28/14 1140 am	<p>S) - Duration About 2 mo now <i>earache & swelling in ear gone everyone said it's getting worse</i></p> <ul style="list-style-type: none"> - Which ear (left or right) <input checked="" type="radio"/> Right. - Have you recently had a cold, cough, fever or sore throat Yes <input type="radio"/> No - If yes: pain level 1 – 10 (10 being the most severe) <i>2 right now. It comes & goes.</i> - Has there been any drainage Yes <input type="radio"/> No <i>off</i> - Any hearing loss <input checked="" type="radio"/> Yes <input type="radio"/> No <i>In my R ear</i> - Have you put anything into YOUR ears Yes <input type="radio"/> No <i>not for the last 2 mo.</i> - Past history of earache, ear infection or ear surgery <input checked="" type="radio"/> Yes <input type="radio"/> No <i>OK going problem</i> - Allergies to medication X 2mo. Yes <input type="radio"/> No 	<p>P) Refer to MD</p> <p>If redness with fever over 101°, acute pain, drainage or swelling, hearing loss, inability to visualize tympanic membranes, excessive ear wax build-up requiring medication or manual extraction neck node enlargement/pain or symptoms that fail to respond to treatment protocol</p> <p><i>DSC 10/1/14.</i></p>
		No MD Referral
		<ul style="list-style-type: none"> - Discomfort: Acetaminophen 325 mg, 1 – 2 tablets t.i.d. PRN X 3 days (18 tablets) OR Ibuprofen 200 mg, 1-2 tablets t.i.d. with meal PRN X 3 days (18 tabs) - Earwax: Debrox 4-6 drops b.i.d. x 5 days. Refer to clinic for F/U after 5 days for ear flushing with warm water
		<ul style="list-style-type: none"> - Medication use <i>(to tender point)</i> <input checked="" type="checkbox"/> <i>& active orange-</i> ✓
		<ul style="list-style-type: none"> - Proper ear covering (hat in winter or windy weather) ✓
		<p>Follow-Up</p>
	<ul style="list-style-type: none"> - Perforation visualized Yes <input type="radio"/> No 	<ul style="list-style-type: none"> - Return to sick call if symptoms worsen or persist
	<ul style="list-style-type: none"> - Test hearing (finger rub) Left: <input checked="" type="radio"/> Y/N Right: <input type="radio"/> Y/N - Check neck for node pain or for enlargement Yes <input type="radio"/> No 	Nurse Signature <i>J. S. Bell</i>
	A) Alteration in comfort	<ul style="list-style-type: none"> Payment voucher <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Western Illinois Correctional Center

Offender Information:

<u>Vilayhuny</u> Last Name	<u>Manit</u> First Name	<u>MI</u> Middle Initial	<u>M17024</u> ID#:
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Date/Time	Subjective, Objective, Assessment	Plans
9-29-14 11:50 am	Pregnant See DUCO 28 MD SICK CALL WT 157 LB HT 5'5" B/P 116/75 P 16 9:56 AM	for Lister Please see / 1/14 hearing loss
	28 gestational week seen Sunday 9/28/14 by nurse still with complaint of 2 months of (unspecified) right ear problem. 2/10 pain. VSS AF. left ear cerumen, right ear canal "dark raised area on otoscopy. Rt ear tender. no swelling. no discharge. Referred. - seen 9/11/14 in MD sick call with 2 month intermittent right ear pain/muffled hearing, c/w intermittently blocked eustachian tube. Head ear exam 9/11/14 = no signs infection.	objectup continued tenderness either ear otoscopy right ear normal. red or swollen canal. no discharge. TM gray, neither retracted nor bulging otoscopy left normal & scant cerumen.
<u>subj:</u> % acne on neck. "it don't ever get any worse than this" some right ear pain. <u>obj:</u> several papules on neck/back etc.	it is the same thing with the right ear pressure as before, but feels worse over the past week! Does theValsalva maneuver out, it helps a very very little bit. Sucking on hard candy helps, but only when he does is doing it. -no nasal allergies, "just occasional stuffy nose" pt once in blue moon - pain in ear about 3-4/10 at times. -was really bad this past Friday - no WN Asian mole. No earache distress normal voice/speech.	<u>assessment</u> 1. right ear pain & muffled hearing c/w intermittently blocked eustachian tube with resulting bulged/retracted TM that causes pain/muffled hearing Plan - still no signs infection. 1. discussed swallowing/Valsalva whenever again and when to do the Valsalva maneuver. 2. Afrin nasal spray 1-2 spray each nose QHS prn x 30 days. 3. Tylenol 325 mg 2 tab PD Tid prn pain x 30 days. 4. Follow up Right ear JY thirty days - 1/1/14 AFV

Thomas Baker, MD

Distribution: Offender's Medical Record

Printed on Recycled Paper

DOC 0084 (Eff. 9/2002
(Replaces DC 7147)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Western Illinois Correctional Center

Offender Information:

Vilaayhong

Last Name

Maneth

First Name

MI: M17024

ID#:

Date/Time	Subjective, Objective, Assessment	Plans
11-3-14 1:07 PM	MD SICK CALL WT 160 BP 133 79 ¹ P 61 R 14 T 3 E/M Right Ear	
	28 yo Asian male 9/11/14 on 10/1/14 for right ear pain and muffled hearing intermittently and consistent w/ blocked sensation rule. Minimal help w/ valsalva maneuver. Helps to suck on hard candy but only when actually done so. Otoscopy shows steady nasal fl. On 10/1/14 patient re-educated when to do valsalva maneuver, Rx Ty/and and Rx Afrin nasal spray.	P/CN 1. no need for further follow up of left ear 2. let ty/and and afrin ✓
Subj	ever since it got cold, the ear stopped hurting. scraped earwax out of the ear the other day and it hurt. The ear is worse in hot weather. - seemed to have cleared up at least 3 weeks ago.	Rxs expup.
obj	no WNL Asian male. pulse abnt. auditory normal voice + speech	Melk J M, 72m
	no acute distress	(G)
Assess	ear pain resolved.	

Thomas Baker, MD

2a

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

CENTRALIA Correctional Center

Offender Information:

Dizziness / Vertigo

Vilahong
Last NameManith
First Name

MI

ID#: M17024

Date/Time	Subjective, Objective, Assessment		Plans
1/17/19	RN NOTE	LPN/CMT NOTE	P) Referral to MD:
1840	S) - Onset? <i>August 2014</i>		- Any recent head trauma or LOC or alteration in consciousness
	- Other symptoms? <i>Dizziness, nausea</i>		- Any history of blood loss
	- History of head injury <i>Hx Kickboxer</i>		<input checked="" type="radio"/> Yes <input type="radio"/> No - Difficulty walking
	- History of loss of consciousness		<input checked="" type="radio"/> Yes <input type="radio"/> No - Abnormal VS, pupillary reflexes or hand grasps
	- Any similar episodes in the past		<input checked="" type="radio"/> Yes <input type="radio"/> No - Possible ear infection
	- If so, did you seek treatment		<input checked="" type="radio"/> Yes <input type="radio"/> No - Reported or objective finding of lateralizing weakness or numbness in any extremity
	- Was it effective		Yes <input checked="" type="radio"/> No Any dizziness with chest pain or altered mental status
	- Is dizziness related to change of position		Yes <input checked="" type="radio"/> No
	- Experience problems walking		<input checked="" type="radio"/> Yes <input type="radio"/> No
	- Any other Medical conditions? <i>None</i>		
			Patient Teaching:
	- Medications currently taking? <i>NONE</i>		- Limit activity if dizzy to prevent fall or injury
			- Avoid standing quickly from a supine position
	- Any recent medications? <i>none</i>		- Eat properly with adequate fluid intake
	- Any allergies? <i>NKA</i>		<i>Gaskin</i>
			OVER

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

CENTRALIA Correctional Center

Dizziness / Vertigo (Cont.)

Offender Information:		
<u>Vilaykong Manith</u>	First Name	MI
Last Name		
ID#: <u>M17024</u>		

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Hearing Screening and Treatment Protocol

Facility:

Centralia

Date:

1-17-19

Offender Information:

Vilayhong

Last Name

Manith

First Name

M17024MI
ID# RN Note LPN/CMT Note

Subjective:

When did you start having difficulty hearing? 2014Onset: Sudden GradualIs hearing loss in both ears or one side? Bilateral Left ear Right earAny previous hearing loss? Yes NoIf yes, When? What was the cause? What improved your hearing? Kick boxing > 10 years agoAny recent trauma to the ear(s)? NOAny recent ear infection? Recent Illness? NOAny dizziness? Yes No Any ringing in ears? Yes NoDo you have any pain? Describe the pain: pressureRate pain on a 1-10 scale: 1 2 3 4 5 6 7 8 9 10 Bilateral Left Ear Right EarCurrent medication(s)/allergies: noneDo you use any devices to improve your hearing? none

Objective:

T: 98 P: 66 R: 18 BP: 162/90 WT: 165 Pulse Oximeter Reading: 100Is there a hearing device present? Yes NoAre there any deformities of the ear(s)? NOIs there any redness or swelling to the ear(s)? NOIs there any drainage present? If so, describe: NOUsing the otoscope, is the tympanic membrane visible? If yes, describe: yes, orange and healthyIf no, why not? Is there blockage present? —Describe any blockage present: none Left Ear Right Ear

If no impaction, conduct hearing screening with Audiometer. Fill out Hearing Screening Log and below:

Left Ear: 500 HZ 40 db Yes NoRight Ear: 500 HZ 40 db Yes No1000 HZ 40 db Yes No1000 HZ 40 db Yes No2000 HZ 40 db Yes No2000 HZ 40 db Yes No

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Hearing Screening and Treatment Protocol

Assessment:

Potential Sensory Impairment:

need for md followup. Chronic vertigo and ear ringing.

Plans:

If cerumen impaction is present, follow Earache/Earwax Impaction Treatment Protocol and reschedule hearing screening after removal of impaction.

Refer to MD/NP/PA if:

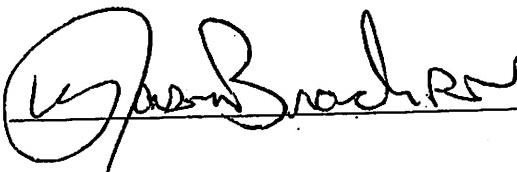
- Hearing screening is positive (the patient is unable to hear 500, 1000, and 2000 HZ tones in one or both ears), so provider can place a formal audiogram referral.
- Any signs of acute infection or foreign body
- Temperature >100F, HR>100, BP>140/90
- Severe or localized pain
- Blood or drainage in ear canal
- Any sudden onset of acute hearing loss

Patient Teaching:

- Do not put anything in the ears
- Follow up with provider as scheduled
- Return to sick call if symptoms worsen or persist

Patient verbalizes understanding of education and instructions given.

Nurse Signature:



Payment Voucher:

N/A

ILLINOIS DEPARTMENT OF CORRECTIONS
COMMITTED PERSON'S GRIEVANCE

DOC 0046

Date <u>1-25-19</u>	Committed Person (Please Print) <u>Manith Vilaybong</u>	ID# <u>M17024</u>
Present Facility: <u>Centralia C.C.</u>	Facility where grievance issue occurred: <u>Centralia C.C.</u>	<u>E-19-1-125</u>
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input checked="" type="checkbox"/> Disability
<input type="checkbox"/> Disciplinary Report: / / Date of Report		<input type="checkbox"/> Other (specify): <u>ADA HEARING IMPAIRED</u>
Facility where issued		

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: I have a rare ear condition which causes hearing loss and pain in my right ear. This is documented in my medical file from 8-13-14 to 11-3-14 and 1-17-19. On 11-3-14 Dr. Baker informed me that I would have to live with the condition, and there was nothing else to be done except possible tube implants in my ear which would be painful. I have constant ringing in my ears. When pressure builds up my ear aches and itches and sometimes I get so dizzy and nauseous I can't move and feel like passing out. I can't hear well during these episodes and

Relief Requested: 1) ADA Hearing Impaired accommodations, 2) send me to an audiologist, 3) I want to see a specialist

 Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.M Vilaybong

Committed Person's Signature

M170241-24-19

Date

(Continue on reverse side if necessary)

Counselor's Response (If applicable)

Date Received: / /	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response:		
RECEIVED <small>Print Counselor's Name</small>		Counselor's Signature
		Date of Response / /

Date <u>JAN 25 2019</u>	EMERGENCY REVIEW
Received at <u>CENTRALIA CORRECTIONAL CENTER</u> this determined to be of an emergency nature?	<input checked="" type="checkbox"/> Yes; expedite emergency grievance
WARDEN'S OFFICE	<input type="checkbox"/> No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.
Chief Administrative Officer's Signature <u>J. L.</u>	
Date <u>1-25-19</u>	

I'm unable to use my right ear bud for listening to my T.V. or radio due to the pain. During episodes I've also missed roll passes and church and chow, because I could not hear the officers calling it over the intercom. I've informed many officers that I have difficulty hearing and it's well known.

MY HEARING LOSS AND PAIN HAS CAUSED ME TO HAVE ALTERCATIONS WITH STAFF AND ON 1-23-19 I HAD AN INCIDENT WITH THE 3RD SHIFT N³ OFFICER ASSIGNED TO THE BUBBLE. I did not hear the chow warning for breakfast and came out late for chow. The Officer aggressively approached the window with his arms wide open and started yelling at me. I could not hear what he was saying and I pointed to my right ear and said I can't hear. I went to the chuck hole and he demanded my I.D. and said he was going to write me a ticket. I told him I could not hear the chow warning. I went to breakfast and informed 2 Lt's of the situation. They asked if I had hearing impaired on my door and I said no. 1 Lt. called the N3 bubble officer and spoke with him.

On 1-17-19 I went to the HCU for a hearing test. I could hear faintly in my right ear but better in the left. I explained to the nurse my ear history and told him when the pressure builds up my hearing is worse. He put me in to see the Dr. and I was charged N5 co-pay. I have not seen the Dr. yet.

Recently I discovered that my past history of dizzy spells and nausea is a direct result of my ear condition. Around March of 2018 here at C.C.C. I complained of extreme dizziness and nausea to the point where I thought I was dying. I saw the Dr. and he prescribed me METOCLOPRAMIDE which is generic for ANTIVERT. He said I had VERTIGO. I did not know at the time Vertigo results from my ear condition because if I had known I would have brought it up. Also, since arrival at C.C.C. 2016 I've complained to mental health and the Psych Dr. about my panic attacks and dizziness and nausea which I now know is because of my ear condition. Sometimes I wake up and I feel like there is liquid in my ear.

My ear condition is causing me irreparable hearing loss. I need hard hearing accommodations. I'm experiencing a loss in the quality of my life due to the pain and difficulty

3

DOC 0046

ILLINOIS DEPARTMENT OF CORRECTIONS
COMMITTED PERSON'S GRIEVANCE

Date	1-24-19	Committed Person (Please Print)	Manith Vilayhong	ID#	M17024
Present Facility:	C.C.C.		Facility where grievance issue occurred:	C.C.C.	

NATURE OF GRIEVANCE:

- Personal Property Mail Handling Restoration of Good Time
 Staff Conduct Dietary Medical Treatment
 Transfer Denial by Facility Transfer Denial by Transfer Coordinator

 Disability Other (specify):ADA HEARING
IMPAIRED Disciplinary Report: / /

Date of Report

Facility where Issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.

Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: Of communicating with my family, staff, and other inmates. It's hard for me to hear and understand people. If I'm on the phone and the dayroom is too loud I tell my family I can't hear and hang up. The medical records on file indicate I do have an ear condition which causes me pain and hearing loss. GRIEVANCE #14-0973 also documents this.

C.C. FILED

Relief Requested: 1) ADA Hearing impaired accommodations, 2) send me to an audiologist for further testing, 3) I want to see a specialist.

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

M Vilayhong

Committed Person's Signature

M17024

1-24-19

Date

ID#

(Continue on reverse side if necessary)

Counselor's Response (If applicable)

Date Received: / /

 Send directly to Grievance Officer Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277.

Response:

Print Counselor's Name

Counselor's Signature

/ / Date of Response

EMERGENCY REVIEW

Date Received: / /

Is this determined to be of an emergency nature?

 Yes; expedite emergency grievance No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.

Chief Administrative Officer's Signature

/ / Date

DC
ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

N 3B4

Grievance Officer's Report

Date Received: 1/25/2019Date of Review: 1/30/2019

Grievance # (optional): E-19-1-125

Offender: Vilayhong

ID#: M17024

Nature of Grievance: medical treatment

Facts Reviewed: Offender states he has pain in his right ear. Offender states this was first documented in 2014 and he was informed at that time that there was no treatment available.

Offender requests to be seen by a specialist and receive ADA accommodations for hearing impaired.

Per HCU, offenders grievance and medical record have been reviewed. Offender did receive a hearing screening on 1/17/19 and was to be referred to the physician, he is scheduled to see the physician tomorrow for evaluation of his tinnitus and his vertigo symptoms he describes. He was charged a co-pay for the hearing screening, and he should not have been. This will be credited. ADA accommodations for the offender will not be directed until it has been determined that he is in need of such services.

Recommendation: It is this writer's findings that the offenders medical concerns are being addressed by the facility's health care staff: therefore, I recommend grievance be denied. Only qualified Medical staff can determine medical care.

Susan Walker CCII

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Offender's Grievance, including counselor's response if applicable)

Date Received: <u>JAN 30 2019</u>	Chief Administrative Officer's Response
-----------------------------------	---

Date Received: JAN 30 2019
 I concur

 I do not concur

 Remand

Comments: CENTRALIZING CORRECTIONAL CENTER
WARDEN'S OFFICE

1/31/19

Date

Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Offender's Signature

ID#

Date

2d.

Manith Vilayhong M17024

C.C.C.

P.O. BOX 7711

Centralia IL 62801

February 6, 2019

ARB

P.O. Box 19277

Springfield, IL 62794

RE: OFFENDER APPEAL FOR GRIEVANCE # E-19-1-125

I have been diagnosed as having a rare ear condition. This diagnosis was determined by a Medical Doctor by the name of Mr. Baker. My ear condition causes hearing loss, Vertigo, pain, inability to use my right ear bud for watching T.V. and listening to my radio. The Grievance Officer has disregarded my diagnosis in her response and simply states I'm having ear pain. She also incorrectly states I was informed... no treatment available and she omitted the latter half of the sentence which clearly

states "except possible tube implants". The review of my grievance by this Grievance Officer is inadequate as it can be easily seen she omitted crucial facts which have distorted the detailed complaint of hearing loss and pressure building up in my ear right due to my ear disease resulting in inability to use ear buds.

The HCU has reviewed my grievance and medical record and I believe the HCUA who is also the ADA coordinator is the person who provided this response and goes by the name of Linda Nalewajka. She has also disregarded the same information provided to the Grievance Officer.

I saw Dr. Santos on 1-31-19 and explained the entire issue contained in my grievance. He examined my ears and provided me with ear drops. On 2-5-19 I had an ear flush performed by a nurse and on 2-6-19 I saw Dr. Santos again who inspected my ears and said that's it and we're done.

Nowhere in the response to my grievance does any one dispute or contest that I have a rare ear condition, they just choose to turn a blind eye.

I have suffered for years from this ear condition. The Administration and HCU are well aware of my complaints and documented ear disease. I have filed my grievance and notified all proper personnel of my continuing issue and have been denied my relief requested. I continue to live in pain with hearing loss, vertigo, and the inability to use my ear buds. I constantly feel pressure inside my right ear. As I write this I feel the pressure and I hope and pray to find relief somewhere, somehow.

I Manith Vilaythong M17024 declare under penalty of perjury that the following is true and correct pursuant to 28 U.S.C. § 1746.

MANITH VILAYTHONG M17024
Manith Vilaythong

J.B. Pritzker
Governor



John Baldwin
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender: Vilayhong, Manith

2/13/19

Date

ID# : M17024

Facility: Centralia

This is in response to your grievance received on 2/11/19. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 1/24/19 Grievance Number: E-19-1-125 Grlev Loc: Centralia

- Transfer denied by the Facility
- Dietary _____
- Personal Property _____
- Mailroom/Publications _____
- Assignment (job, cell) _____
- Commissary / Trust Fund _____
- Conditions (cell conditions, cleaning supplies, etc.) _____
- Disciplinary Report: Dated: _____ Incident # _____
- Other Medical- wants treatment for hearing impairment 1/24/19

Based on a review of all available information, this office has determined your grievance to be:

- Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____
- Denied as the facility is following the procedures outlined in DR525.
- Denied, in accordance with DR504F, this is an administrative decision.
- Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- Denied, this office finds the issue was appropriately addressed by the facility Administration.
- Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
- Other: Offender had audio-scope on 1/17/19 and was seen by the physician on 2/6 and 2/11. Orders written on 2/11. Grievance is moot.

FOR THE BOARD: Amy Burle
Amy Burle
Administrative Review Board

CONCURRED:

John R. Baldwin, Jr.
John R. Baldwin
Acting Director

CC: Warden, Centralia Correctional Center
Vilayhong, Manith, ID# M17024

2e
Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

2f

STATE OF ILLINOIS - DEPARTMENT OF CORRECTIONS
RESIDENT REQUEST

11/426-0362 DC7177

1-28-19

Assignment		Shift	Days Off	Date
Resident	Manith Vilayhong	Resident Number	M17024	Cell House N3
		Coordinator To Discuss the Following:		
I Request an Interview with Lara Nalbewayka HCUA, ADA				
I would like to have an interview with you please.				
Thank you for your time and consideration.				
ISSUES WITH MY EAR - CONSTANT RINGING - HEARING LOSS - PAIN				
Reason for Interview must be complete and concise				
Resident Signature				
M Vilayhong				

Ear flesh done. I still having symptoms of Vertigo and dizziness. Retuned to nurse sick call. Physician evaluation.

L. Nalbewayka
RN, HCUA
2-6-19

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Centralia Correctional

Center

Offender Information:	
Last Name <u>Vilayhong</u>	First Name <u>Manith</u>
ID#: <u>M17024</u>	

Date/Time	Subjective, Objective, Assessment	Plans
1-31-19	<p>MD LINE NOTE</p> <p>T <u>98</u></p> <p>P <u>67</u></p> <p>R <u>10</u></p> <p>B/P <u>170/82</u></p> <p>WT <u>110.5</u></p> <p>MD <u>1066</u></p> <p>6 - <u>No dizziness or</u> <u>tinnitus since 2016</u></p> <p>P: <u>As</u> <u>Altered sense in</u> <u>(R) ear</u></p> <p>O - <u>Right ear has</u> <u>(R) ear</u> <u>loss, (R) ear</u></p> <p>A - <u>Exposured</u> <u>cleaning, (R)</u></p>	
		P - <u>Refuse protocol,</u> <u>(R)</u> <u>F/V after ear</u> <u>clean</u>
		<u>See notes</u> <u>John K</u>

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Centralia Correctional Center

Offender Information:

Villayheng Manith MI ID# 1117024

Date/Time	Subjective, Objective, Assessment	Plans
2/5/19	Rn note S) q o) ear flushed & wat removed inspecn o) R ear canal shows Ø wat deposits present A) ear flush	P) Flu per schedule S

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Centralia Correctional Center

Offender Information:
Uilayhong Manifa MI ID#: M17024
Last Name First Name MI ID#:

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Centralia Correctional Center

Offender Information:

Earache/Earwax Impaction

U. Laheng

Mack

ID#: M17024

Last Name

First Name

MI

Date/Time	Subjective, Objective, Assessment	Plans
2/19/19	<p>RN NOTE</p> <p>LPN/CMT NOTE</p> <p>S) - Duration Since 2014</p> <p>- Which ear (left or right)? <i>Right ear pressure</i></p> <p>- Have you recently had a cold, cough, fever or sore throat Yes <input checked="" type="radio"/> No</p> <p>- If yes, pain level 1-10? <i>10 at times 2-3 at times</i></p> <p>- Has there been any drainage Yes <input checked="" type="radio"/> No</p> <p>- Any hearing loss <i>when pressure builds up</i> Yes <input checked="" type="radio"/> No</p> <p>- Have you put anything into your ears Yes <input checked="" type="radio"/> No</p> <p>- Past history of earache, ear infection or ear surgery Yes <input checked="" type="radio"/> No</p> <p>- Allergies to medication Yes <input checked="" type="radio"/> No</p>	<p>P) Refer to MD if: Chronic unrelieved ear pressure - tinnitus</p> <p>- If redness with fever over 101°, acute pain, drainage or swelling, hearing loss, inability to visualize tympanic membranes, excessive ear wax build-up requiring medication or manual extraction neck node enlargement/pain or symptoms that fail to respond to treatment protocol</p> <p>No MD Referral: <i>until seen by MD</i></p> <p>- Discomfort: Acetaminophen 325 mg, 1 – 2 tablets t.i.d. PRN X 3 days (18 tablets) OR Ibuprofen 200 mg, 1-2 tablets t.i.d. with meal PRN X 3 days (18 tabs)</p> <p>- Earwax: Debrox 4-6 drops b.i.d. x 5 days. Refer to clinic for F/U after 5 days for ear flushing with warm water</p> <p>Daily B/p ✓ x 1 week per protocol</p> <p>Patient Teaching: <i>Do not put anything in ear</i></p>
O)	<p>T98 P78 R16 BP155/89 WT171</p> <p>- Look into ear, nose & throat for swelling, drainage, redness, color of the tympanic membrane <i>Throat slightly red</i></p> <p>- Appearance of external ear and oral cavity: Describe <i>Normal appearance & clean</i></p> <p>- Perforation visualized Yes <input checked="" type="radio"/> No</p> <p>- Test hearing (finger rub) Left: <input checked="" type="radio"/> Y/N Right: <input checked="" type="radio"/> Y/N</p> <p>- Check neck for node pain or for enlargement Yes <input checked="" type="radio"/> No</p> <p>A) Alteration in Comfort</p>	<p>- Medication use</p> <p>- Proper ear covering (hat in winter or windy weather)</p> <p>Follow-Up:</p> <p>Return to sick call if symptoms worsen or persist</p> <p>Nurse Signature <i>J. Schaefer</i></p> <p>Payment voucher NA</p>

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Centralia Correctional Center

Offender Information:

Vilayhong Manith MI ID#: M17024

Last Name First Name MI ID#:

Date/Time	Subjective, Objective, Assessment	Plans
2-11-19	MD LINE NOTE T 08 J eval pressure P 64 (R) ear . tinnitus R 18 B/P 140/67 bilat ears. WT 171 chronic Unresolved	
	MD M/L S R. (1) ear OB cause	
12/17	O na, (1) ear P check BP (R) ear . TM infec. m/s Sely - no eddy A Rx hypertension hypertension cream (R) E. tube const P	Daily x 5-6 Daily ps 5 mg (R) ear F/U - 1 week
		monday B/R 2/11/19 2/11/19

2R1

AFFIDAVIT

I, MANITH VILAYHONG, on the date of 2-11-19, had a physician's appointment with Dr. Santos. I was having an episode of right ear pressure building up and was experiencing pain, vertigo, distorted hearing, and my blood pressure was high. I explained all of my symptoms to the Dr. and he examined my ear and informed me that my eardrum was bulging and that I had an inner ear disorder causing my Eustachian tube to close.

I, MANITH VILAYHONG, hereby declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the foregoing statements are true and correct.

Respectfully submitted

MANITH VILAYHONG M17024

Centralia Correctional Center

P.O. BOX 7711

Centralia IL, 62801

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Centralia Correctional Center

Offender Information:

<u>Vilayheng</u> Last Name	<u>Manita</u> First Name	<u>MI</u> MI	ID#: <u>M17024</u>
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Jm

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Centralia Correctional

Center

Offender Information:

Vilayhong Manith MI 7024
 Last Name First Name ID#: MI

Date/Time	Subjective, Objective, Assessment	Plans
2-18-19	MD LINE NOTE T 98 ^o P 74 R 11 ^o B/P 151/81 WT 171	FLU B/P J/S et ear flush MD ready
	S Oy & off skin / RD in	P Rebound
9 2/20	Ears down inserted, as well, as holding, canals clean	Valgolysis. adhesions
	A E. side ear 2, ② ^o	Verbatim JMW

27

To: Manith Vilayhong M17024 N3B4
Centralia C.C.
P.O. BOX 7711
Centralia IL, 62801

February 19, 2019

Lana Nalewajka HCUA ADA COORDINATOR
Centralia C.C.
P.O. BOX 7711
Centralia IL, 62801

RE: Medical treatment and request to see
an outside specialist and receive ADA
accommodations for hearing impaired due
to a chronic inner ear disorder.

I filed an Emergency Grievance on 1-24-19
pertaining to my inner ear disorder and you
responded indicating you had reviewed my
grievance and medical records. I would like
to inform you of the treatment I received

from the physician which has concluded as of today. You could also refer to my medical records.

On 2-5-19 I received a right ear flush.

On 2-17-19 I received a left ear flush.

On 2-11-19 Dr. Santos examined my left and right ear. He informed me that my right eardrum was bulging out and that I had an inner ear disorder causing my eustachian tube to close.

On 2-18-19 I saw Dr. Santos again and asked him if he remembered telling me my eardrum was bulging and he said yes and once again reiterated his prognosis that I have an inner ear disorder and do hold my nose and blow into my mouth to clear my eustachian tube. That was my final treatment.

At this point it seems to me that the physician is giving me the run-around.

From day one when I saw Dr. Santos on 1-31-19 I directed him to review my medical record for the date of 9-11-14, which was Dr. Baker's prognosis of my

blocked eustachian tube and the Valsalva maneuver was the treatment. Dr. Santos reviewed the record with me and ultimately spun me with 2 ear flushes just to say the same thing Dr. Baker did.

Dr. Baker and I discussed etiology of decreased/increased pressure in middle ear due to temporarily blocked eustachian tube.

According to Webster's New Universal Unabridged Dictionary: Etiology means,

a. the study of the causes of diseases.
b. the cause or origin of a disease.

Therefore it is undeniable that I have been diagnosed as having a chronic inner ear disorder and four and a half years later on 1-18-19 Dr. Santos has personally witnessed my right ear drum bulging out a week prior; heard my many complaints of pain, muffled hearing during episodes, vertigo, and his final treatment is the Valsalva maneuver.

Valsalva maneuver means: a forced expiratory effort against a closed glottis that decreases intrathoracic pressure, hampering venous return to the

heart and that can be used to inflate the Eustachian tubes and adjust pressure in the middle ear.

I am not a Dr. but I looked up Venous: pertaining to the blood in the pulmonary artery, right side of the heart.

I do not know if hampering the venous return to my heart over and over again for the rest of my life is safe, I don't know the side effects.

The physician Dr. Santos makes no attempt to find the cause of my disease or to stop the episodes, or to come out and name the specific disease I have. What is it called?

The physician knows when I have episodes my hearing is muffled and what is being done about that? He knows my episodes cause vertigo and what's being done about that? What if I fall off my top bunk and hurt myself?

In conclusion I need to go to an outside hospital so I can have my inner ear disorder checked out properly, I also need ADA hard hearing accommodations for when I have episodes. How can I put an ear bud into a swollen eardrum?

I have submitted you this letter in a final appeal for your help and am asking you to intervene. If you agree that the valsalva maneuver is the proper safe final remedy and treatment for my chronic inner ear disorder and you agree that I need not go to an outside hospital for further treatment and also need no ADA hearing accomodations, then take no action at all. If you would like to help I would greatly appreciate that.

I, MANITH VILAYTHONG, hereby declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing statements are true and correct.

Respectfully submitted,
MANITH VILAYTHONG
Manith Vilaythong
2-19-19

C.C. FILED

I have reviewed your letter and again reviewed your medical record. I have placed you on the physician's line for another follow-up with the use of alternative measures recommended to relieve your concerns with "pressure" in your ears. This typically is a temporary medical issue but will continue to monitor your condition. Wee you have no documented hearing loss at this time. Wee again continue to monitor progress of condition and will continue to discuss your progress/ plan of care if symptoms persist w regards to appropriate accommodations.

L. Paluszak, RDH, CDA
2-27-19

FEB 19 2019

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Centralia Correctional

Center

Offender Information:

Vilayhong

Last Name

Manith

First Name

ID#

M17024

MI

Date/Time	Subjective, Objective, Assessment	Plans
3/14/19	<p>MD LINE NOTE</p> <p>T 983</p> <p>P 666</p> <p>R 14</p> <p>B/P 125/77</p> <p>WT NO</p> <p>MD Rx</p> <p>S or n of mi,</p> <p>O Rx. E Rx.</p> <p>A Rx Rx Rx Rx</p> <p>India, B</p>	
11:55		<p>P Augen L 875</p> <p>B10 X 10 d</p> <p>burst</p>
		

*BEGIN USING FROM BOTTOM UP

NKDA

201

5/8/86

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)

Patient Vilayhong, Manith

Reg. # M17024

Date: 4/4/19

Problem _____

ORDER: (Physician's Signature After Last Order)

Vilayhong \rightarrow daily x 1 month

Cipro 500 mg 1-2 tabs BID to PRN

Take 200 \rightarrow TID PRN #2 X 1 month

DEA/Illinois Lic. #

Physician (Print) _____

M.D.

 May Substitute _____

M.D.

 May Not Substitute _____

Noted by: John

Date: 4/4/19

DCA 7000
IL 426-1417

5-8-86

NKDA

PRESCRIPTION ORDER
Chart Copy (Not a prescription)State of Illinois
Dept. of Corrections

Patient Vilayhong, Manith

Reg. # M17024

Date: 3/29/19

Problem _____

ORDER: (Physician's Signature After Last Order)

Golicosprin Olin JK 7-75 5% C/P

to PRN x 1 week

DEA/Illinois Lic. #

Physician (Print) _____

M.D.

 May Substitute _____

M.D.

 May Not Substitute _____

Noted by: John Bochecha

Date: 3/29/19

DCA 7000
IL 426-1417

NKDA

5-8-86

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)

Patient Vilayhong Manith

Reg. # M17024

Date:

3/14/19

Problem _____

ORDER: (Physician's Signature After Last Order)

Augment 575mg BID X 10 days

DEA/Illinois Lic. #

Physician (Print) _____

M.D.

 May Substitute _____

M.D.

 May Not Substitute _____

Noted by: John

Date: 3/14/19

DCA 7000
IL 426-1417

2P

Manith Vilayhong M17024 N3 B4
Centralia C.C.
P.O. BOX 7711
Centralia IL, 62801

March 15, 2019

Lana Nalewajka HCWA ADA COORDINATOR

RE: Supplement to February 19, 2019 letter I sent to you
which you responded to 2-27-19,

Thank you for placing me on the physicians line for
a follow-up due to my chronic inner ear disorder. I saw
Dr. Santos yesterday and upon examination I informed
him of increased pain in my right ear. He determined I had
swelling on my neck under my ear lobe and I am now on
antibiotics for an ear infection. He was pressing on my
neck and it hurt. I've been through a lot throughout the
years suffering from this condition. I hope you and the Dr.
will do the right thing and send me out to an outside
hospital or specialist to find out what's wrong with me. I've
complained a lot and obviously I'm not lying.

I, MANITH VILAYHONG, hereby declare under penalty of perjury

→
MVER

pursuant to 28 U.S.C. § 1746 that the foregoing statements are true and correct.

Respectfully submitted

MANITH VILAYHENG

Manith Vilayheng

March 15, 2019

C.C. FILED

I have reviewed your concern and your medical record and have also spoken to Dr. Santos. We did prescribe you antibiotics as well as B/p check with plans to follow-up. At this time Dr. Santos does not feel it is medically necessary to send you to a specialist as he is providing continuous evaluation and treatment.

3/18/19
JG

L. Alessi, PA
(RN, HCUA)

3-18-19

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Centralia Correctional Center

Offender Information:

Earache/Earwax Impaction

Last Name	First Name	ID#
Vilayheng	Manith	MI 117024

Date/Time	Subjective, Objective, Assessment	Plans
3/27/19 845 AM	RN NOTE LPN/CMT NOTE S) - Duration 20/4 - Which ear (left or right)? Right - Have you recently had a cold, cough, fever or sore throat 3/14 otitis media - If yes, pain level 1-10? 5 - 10/10 - Has there been any drainage ear wax - Any hearing loss R - Have you put anything into your ears Yes No - Past history of earache, ear infection or ear surgery - Allergies to medication Yes No	P) Refer to MD if: - If redness with fever over 101°, acute pain, drainage or swelling, hearing loss, inability to visualize tympanic membranes, excessive ear wax build-up requiring medication or manual extraction neck node enlargement/pain or symptoms that fail to respond to treatment protocol No MD Referral: - Discomfort: Acetaminophen 325 mg, 1 – 2 tablets t.i.d. PRN X 3 days (18 tablets) OR Ibuprofen 200 mg, 1-2 tablets t.i.d. with meal PRN X 3 days (18 tabs) - Earwax: Debrox 4-6 drops b.i.d. x 5 days. Refer to clinic for F/U after 5 days for ear flushing with warm water Patient Teaching: - Do not put anything in ear - Medication use - Proper ear covering (hat in winter or windy weather) Follow-Up: - Return to sick call if symptoms worsen or persist Nurse Signature Payment voucher NA
O)	T _b 98.1 R _b 88 BP 16/105 WT 160 - Look into ear, nose & throat for swelling, drainage, redness, color of the tympanic membrane Color & tympanic membrane - Appearance of external ear and oral cavity: Describe normal - Perforation visualized Yes No - Test hearing (finger rub) Left: <input checked="" type="checkbox"/> Yes Right: <input checked="" type="checkbox"/> Yes - Check neck for node pain or for enlargement Yes No	
A) Alteration in Comfort		

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Centralia Correctional Center

Offender Information:

Vilayhong Manith M1702'
Last Name First Name MI ID#:

Date/Time	Subjective, Objective, Assessment	Plans
3/29/19	<p>MD LINE NOTE</p> <p>T <u>98.5</u> P <u>54</u> R <u>110</u> B/P <u>125/63</u> WT <u>169</u></p> <p>MD Work</p> <p>S still ab pr, R ea.</p>	Eval: Ear pain - unresolved
		P a + I test
	O alient disch from ear canal	Conscious
10 ² 3	TM inst	Olin g/k
	A Nutr obs h	1-2 gr K & 1/2 D
	xfns	F10 - 6 day
		In Rnby
		MD W 3/29/19 10/30/19

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Centralia Correctional Center

Offender Information:

Earache/Earwax Impaction

Vilayhong Manith ID#: m17024

Last Name First Name MI

Date/Time	Subjective, Objective, Assessment	Plans
4-1-19 440pm	RN NOTE LPN/CMT NOTE <u>Ear pressure</u> S) - Duration <u>204</u>	Refer to MD if: If redness with fever over 101°, acute pain, drainage or swelling, hearing loss, inability to visualize tympanic membranes, excessive ear wax build-up requiring medication or manual extraction neck node enlargement/pain or symptoms that fail to respond to treatment protocol.
	- Which ear (left or right)? <u>R ear</u>	If redness with fever over 101°, acute pain, drainage or swelling, hearing loss, inability to visualize tympanic membranes, excessive ear wax build-up requiring medication or manual extraction neck node enlargement/pain or symptoms that fail to respond to treatment protocol.
	- Have you recently had a cold, cough, fever or sore throat Yes No	medication or manual extraction neck node enlargement/pain or symptoms that fail to respond to treatment protocol.
	- If yes, pain level 1-10? <u>5-6</u>	ear drops are not into que to E/M.
	- Has there been any drainage Yes No	No MD Referral:
	- Any hearing loss Yes No	Discomfort: Acetaminophen 325 mg, 1-2 tablets t.i.d. PRN X 3 days (18 tablets) OR Ibuprofen 200 mg, 1-2 tablets t.i.d. with meal PRN X 3 days (18 tabs)
	- Have you put anything into your ears Yes No	Earwax: Debrox 4-6 drops b.i.d. x 5 days. Refer to clinic for F/U after 5 days for ear flushing with warm water
	- Past history of earache, ear infection or ear surgery Yes No	Open E/M ear drops previously ordered!
	- Allergies to medication Yes No	Patient Teaching: Do not put anything in ear
O: 77.4 P 68 R 1/6 BP 132/63 WT 63		Medication use
	- Look into ear, nose & throat for swelling, drainage, redness, color of the tympanic membrane	Proper ear covering (hat in winter or windy weather)
	- Appearance of external ear and oral cavity: Describe	Follow-Up:
	- Perforation visualized Yes No	Return to sick call if symptoms worsen or persist
	- Test hearing (finger rub) Left: Y/N Right: Y/N - Check neck for node pain or for enlargement Yes No	Nurse Signature <u>Parikh</u>
A) Alteration in Comfort		Payment voucher NA

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Centralia Correctional Center

Offender Information: Vilayhong Manith M17024

Centralia Correctional Center
 9330 Shattuc Road
 P.O. Box 1266
 Centralia, IL 62801

University of Illinois Medical Center

Reference Laboratory

840 South Wood Street
 Room 170 (M/C 750)
 Chicago, Illinois 60612

Frederick Behm, MD Director

PATIENT NAME VILLAYHONG, MANTH M17024	PATIENT ID A244-170240	DOB 05/08/1986	SEX M	STATUS Final	DESTINATION D244
PHYSICIAN SANTOS, BENERIO	COLLECT DATE & TIME 03/29/2019 10:15 (a)	DATE OF SERVICE 03/29/2019 23:30	PRINTED ON 04/02/2019 07:05		PAGE 1
REQUISITION NO. A244.1426	PT.LAB NO.	LAB REF NO.			

COMMENTS: F39442:WDCT

Diagnostic Procedure	Result		Units	Reference Range		
	In Range	Out of Range				
--Footnotes--						
(a) Duplicate tests are printed on this report.						
WOUND CULTURE - SUPE	Collected on: 03/29/2019 10:15					
MICRO LAB SETUP	03/30/2019 0716					
SPECIMEN DESCRIPTION	EAR					
SPECIAL REQUESTS	RECEIVED IN COPAN ESWAB					
CULTURE	MANY PSEUDOMONAS AERUGINOSA VARIETY 1					
	MANY PSEUDOMONAS AERUGINOSA VARIETY 2					
	RARE STAPHYLOCOCCUS SPECIES COAGULASE NEGATIVE					
	PSEUDOMONAS AERUGINOSA IS INTRINSICALLY RESISTANT TO					
	TRIMETHOPRIM-SULFAMETHOXAZOLE.					
REPORT STATUS	FINAL					
	04012019					
SUSCEPTIBILITY	Collected on: 03/29/2019 10:15					
ORGANISM	MANY PSEUDOMONAS AERUGINOSA VARIETY 1					
METHOD	MIC SUSCEPTIBILITY					
CEFEPIIME	<=2 SUSCEPTIBLE					
LEVOFLOXACIN	<=1 SUSCEPTIBLE ✓					
CIPROFLOXACIN	<=0.5 SUSCEPTIBLE -					
AZTREONAM	<=4 SUSCEPTIBLE					
AMIKACIN	<=8 SUSCEPTIBLE					
GENTAMICIN	2 SUSCEPTIBLE					
TOBRAMYCIN	<=2 SUSCEPTIBLE					
PIPERACILLIN/TAZOBAC	<=8 SUSCEPTIBLE					
IMIPENEM	<=1 SUSCEPTIBLE					
MEROPENEM	<=1 SUSCEPTIBLE					
CEFTAZIDIME	8 SUSCEPTIBLE					
SUSCEPTIBILITY	Collected on: 03/29/2019 10:15					
ORGANISM	MANY PSEUDOMONAS AERUGINOSA VARIETY 2					
METHOD	MIC SUSCEPTIBILITY					
CEFEPIIME	4 SUSCEPTIBLE					
LEVOFLOXACIN	<=1 SUSCEPTIBLE ✓					
CIPROFLOXACIN	<=0.5 SUSCEPTIBLE -					
AZTREONAM	8 SUSCEPTIBLE					
AMIKACIN	<=8 SUSCEPTIBLE					
GENTAMICIN	2 SUSCEPTIBLE					
TOBRAMYCIN	<=2 SUSCEPTIBLE					
PIPERACILLIN/TAZOBAC	<=8 SUSCEPTIBLE					
IMIPENEM	<=1 SUSCEPTIBLE					
MEROPENEM	<=1 SUSCEPTIBLE					
CEFTAZIDIME	4 SUSCEPTIBLE					
4/2/19						
Continued on next page						
VILLAYHONG, MANTH M17024		04/02/2019 07:05	D244			

Centralia Correctional Center
 9330 Shattuc Road
 P.O. Box 1266
 Centralia, IL 62801

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Frederick Behm, MD Director

PATIENT NAME VILLAYHONG, MANTH M17024		PATIENT ID A244-170240	DOB 05/08/1986	SEX M	STATUS Final	DESTINATION D244
PHYSICIAN SANTOS, BENERIO		COLLECT DATE & TIME 03/29/2019 10:15 (a)		DATE OF SERVICE 03/29/2019 23:30		PRINTED ON 04/02/2019 07:05
REQUISITION NO. A244.1426	PT.LAB NO.	LAB REF NO.				
						PAGE 2

COMMENTS: F39442:WDCT

Diagnostic Procedure	Result		Units	Reference Range
	In Range	Out of Range		
End of Report				

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

CENTRALIA CORRECTIONAL CENTER

Offender Information:

Vilayhong Manuth MI ID#: M17024
 Last Name First Name MI ID#:

HCUA Note

Date/Time	Subjective, Objective, Assessment	Plans
4/4/19	Met 1:1 w offender per his request.	
1100	Voced complaints of chronic ear condition which causes "increased pressure" which results in pain and frequent infections to his ears. Retrieved medical record and reviewed with him the treatment plan documented by the physician today. Requests to be seen by outside physician, but explained to him that the infection which was diagnosed today should be treated first, before his chronic issue could be resolved. Agreeable and Voced understanding. Instructed to return to Healthcare if symptoms worsen, to be informed of planned follow-up w one month.	
		S. Paluszka

Distribution: Offender's Medical Record

Printed on Recycled Paper

DOC 0084 (REV. 10/2013) RW
(Replaces DC 7147)

HCUA

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Manith Vilayhong M17024 S4-C8

Centralia Correctional Center

P.O. Box 7711

Centralia IL 62801

April 8, 2019

Laura Nalewajka HCUA, ADA Coordinator

RE: Supplement to Emergency Grievance # E-19-1-125
which you responded to 1-30-19, February 19, 2019 and
March 15, 2019 letter I sent to you and April 4, 2019
visit I had with you in the HCU where we discussed the
results of my 3-29-19 culture scope and went over the
results indicating I have 3 different staph infections
in my right ear, and also discussed my medical treatment
from all Wexford staff.

I want to point out to you how the health care
system here at C.C.C. failed me. Lippert v. Baldwin
thoroughly details how the health care system daily
puts class members such as myself at risk of pain,
injury, and death. Failure to treat, and unreasonable delay.

in treating prisoners with serious health conditions inflicts unnecessary pain and suffering.

First and foremost I would ask you if you believe or would consider 3 staph infections inside my right ear a serious medical need? On 1-17-19 I went to the HCU complaining of right ear pain, pressure, and distorted hearing. It is apparent that I was suffering from the effects of these 3 Staph infections. I directed Nurse Brady to review my medical record from 9-11-14, which documented pressure imbalances in my right ear, causing pain and distorted hearing. If I did not have the 3 staph infections at the time of this visit can you trace them back to a timeline for when I contracted them? Nurse Brady told me he would put in for me to see the physician and failed to do so which caused a 14 day delay for me to see the physician. On 1-27-19 I was tired of suffering and at 10:30 A.M. requested LT. Jack to contact to HCU and find out when I was scheduled for a physician's visit. LT. Jack informed me that only one nurse was on duty and to check tomorrow. On 1-24-19 I had filed my Emergency Grievance complaining of pain, pressure, distorted hearing. On 1-28-19 I spoke to Warden Stock in the chapel and voiced all of my complaints and requested to be removed from the Praise and worship choir due to ear pain. Warden Stock said he would contact you. Same day I sent you a request for an interview to discuss

pain and hearing loss. On 1-30-19 you responded to my E-Grievance and placed me on the physicians line for Vertigo and tinnitus but you disregarded my right ear pain and pressure, and medical records which I directed you to from 8-13-14 to 11-3-14. You skipped right over those and only addressed the 1-17-19 hearing screening and from that moment on due to my passing the hearing screening you and everyone else 100% disregarded anything I had to say about distorted hearing.

On 1-31-19 I saw the physician after a 14 day delay from my initial complaints. The Nurse documented the MD LINE NOTE for Vertigo and tinnitus. When I saw the physician I told him everything and directed him to view my medical record from 9-11-14 documenting pain, pressure, and distorted hearing in my right ear. We reviewed the record together and he inspected my ear and said I needed an ear flush which he scheduled. On 2-5-19 I received a right ear flush and on 2-6-19 I saw the physician Dr. Santos for a follow-up. The physician examined my right ear and once again I voiced my complaints. He told me "we're done" and sent me out of the office, disregarding my pleas for help. Once again I had to push the issue because no one was taking me serious. The next day on 2-7-19 I put in for nurse sick call stating "Having pain in right ear, still feeling Vertigo and distorted hearing. I can feel pressure in my right ear". On 2-9-19 I went to Nurse sick call and once again

voiced my same complaints. The Nurse documented I was having chronic unresolved ear pressure, pain level of 10 at times,[↑] and hearing loss. On 2-6-19 you responded to my 1-28-19 request denying my interview and once again you disregarded my right ear pain. You continued to make it look like the only problem I was having was Vertigo. On 2-11-19 I saw the physician due to 2-9-19 Nurse sick call. Dr. Santos inspected my ears and told me my right eardrum was bulging out and that I had an inner ear disorder causing my eustachian tube to close. Everybody knew about this disorder already. The physician told me he would put me in for a left ear flush which made no sense to me because I kept telling him about the unresolved issues in my right ear and he saw for himself my eardrum bulging. When I leave his office he leaves right behind me and the nurse tells me he did not schedule the left ear flush but that she would get me in somehow. 5 days later on 2-16-19 I still had not received a left ear flush and I contacted LT. Johnson 2nd shift to contact the HCU about my ear flush. Next day on 2-17-19 I received the left ear flush which I had to push for so when I see the physician I would have my left ear flushed already and wouldn't have to be delayed any further.

On 2-18-19 the physician examines both my ears and says I'm fine and sends me away. I couldn't believe it. Dr. Santos completely disregarded my complaints of excruciating right ear pain and pressure, he told me to use the Valsalva Maneuver and to get out of his office. I was appalled that this was the

kind of treatment I was receiving from Dr. Santos and I had no doubt in my mind and body that the physician was being deliberately indifferent to my serious medical needs. I knew I had to push even harder or my health was going to deteriorate even further. I knew something very bad was wrong with me because I could feel it. I had already written an Emergency Grievance and sent it to Springfield and been denied and jumped through all these extra hoops and endured all this pain and had been pounding on the walls of health care just to be denied adequate treatment. Everyone was turning a blind eye.

Next day on 2-19-19 I appealed the treatment to you and once again voiced my complaints. I even went so far as to look up medical terms in the dictionary and point out to you how this treatment did not make any logical sense and how the physician was not even attempting to figure out what was really wrong with me. My letter to you reiterated all my complaints and I told you it was so bad that I felt like I was going to fall off my top bunk and hurt myself. You responded on 2-27-19 that you placed me on the physician's line for another follow-up and that my concerns with pressure in my ears is typically a temporary medical issue and also that I had no documented hearing loss. Just because I passed the 1-17-19 hearing screening does not mean that you and the physician can 100% disregard my continued complaints of muffled hearing. You minimized my condition in your response and it still took me 24 days to see the physician again after all my complaining. On 3-14-19 I saw

the physician and he finally prescribed me some antibiotics, Amoxicillin for 10 days and said he would follow up on my ear infection and he did not schedule a follow-up. I even wrote you again on 3-15-19 explaining everything just to make sure I'd be okay and you spoke to Dr. Santos and he still didn't issue a follow-up. I finished the 10 days antibiotic on 3-23-19, and on 3-25-19 still had not seen the physician so I once again put in for nurse sick call to get some pain meds and to check up on my follow-up. On 3-27-19 I went to nurse sick call and she informed me there was no follow-up and she put me in to see the physician. On 3-29-19 I saw the physician and once again complained about all my symptoms. Dr. Santos inspected my ears and said I was fine and there's nothing wrong. I put my finger in my right ear and pulled out some pus and showed it to him. He stuck a q-tip in my ear and pulled out some more pus. He said I needed an ear flush and my jaw just dropped. I told him I just had 2 ear flushes and he asked when and I told him a month ago and he immediately said you have an ear infection and told the nurses to go get a culture scope. The physician performed the culture scope and when he removed it I felt a huge amount of pain and pressure in my ear and told him something got stuck in my ear. The physician got another Q-tip and attempted to remove whatever got stuck and he couldn't find anything and he then inspected my ear and told me nothing was in there. I informed him I could hear nothing and that I was very concerned. The physician told me he had hit my ear drum and that was the reason why I felt like this.

I left that day with no pain meds so once again I submitted for nurse sick call. On 4-1-19 I went to Nurse sick call and received some. On 4-4-19 I had my physician's follow up and the physician went over my lab results with me in the presence of a HCVA from another institution and informed me of the 3 staph infections. I was told I would be on 30 days of oral antibiotics and ear drops. Shortly thereafter you called me into your office and we went over the results and had a discussion concerning my treatment and ADA accommodations request.

Starting on 1-17-19 I complained of excruciating right ear pain, pressure, vertigo. Every single time I came into contact with medical personal I voiced the same complaints, over and over. I jumped hurdle after hurdle and never gave up. The whole entire time I had 3 different staph infections multiplying in my inner and outer right ear attacking and destroying my system.

When did I contract these staph infections and how did I contract them? The lab that performed the culture test could find out how old the staph infections are and at what rate they were multiplying. It is undeniable that I endured pain and suffering from these 3 staph infections feasting on my inner and outer ears. The physician kept turning me away and I kept telling you and he continued to turn me away. From the first day I

complained on 1-17-19 it took a delay of 56 days to get some antibiotics. It took a delay of 71 days to receive a culture swab. The first 10 days of amoxicillin did not do much because after that I still had many of 2 strands of staph infection and still had the third staph infection which is rare.

How much damage has all these staph infections done to my ear? Am I losing more hearing? Are they eating my eardrum. What are the medical complications? What are these particular types of staph known to do?

I believe that my chronic imbalance of ear pressure contributed to my staph infections. It probably started in my throat and the pressure eventually caused it to become active and travel up into my ear and attack. The staph found a weakness in my ear due to my ear pressure problem.

Respectfully Submitted
MANITH VILAYTHONG

I, MANITH VILAYTHONG, hereby declare under penalty of perjury Pursuant to 28 U.S.C. § 1746 that the above statements are true and correct.

Manith Vilaythong

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Centralia Correctional Center

Offender Information:

Earache/Earwax Impaction

Vilayhong

Last Name

Manth

First Name

ID#: M17024

MI

Date/Time	Subjective, Objective, Assessment	Plans
4/26/19 3:55p	<p>RN NOTE LPN/CMT NOTE</p> <p>S) - Duration - Since 2014 pressure imbalance</p> <p>- Which ear (left or right)? R ear</p> <p>- Have you recently had a cold, cough, fever or sore throat? I feel like Shit Yes No I have an ear</p> <p>- If yes, pain level 1-10? infer Range from 5-8</p> <p>- Has there been any drainage I don't know</p> <p>- Any hearing loss Yes No</p> <p>- Have you put anything into your ears ear drops Yes No Sucks put a Q tip in to get infected</p> <p>- Past history of earache, ear infection or ear surgery No</p> <p>- Allergies to medication Yes No</p> <p>The eye drops they put in my ear bothered me - No Allergy ✓ 143/77 heart</p>	<p>P) Refer to MD if: Requests motor referral Also Eval temp -</p> <ul style="list-style-type: none"> If redness with fever over 101°, acute pain, drainage or swelling, hearing loss, inability to visualize tympanic membranes, excessive ear wax build-up requiring medication or manual extraction neck node enlargement/pain or symptoms that fail to respond to treatment protocol <p>No MD Referral:</p> <p>- Discomfort: Acetaminophen 325 mg, 1-2 tablets t.i.d. PRN X 3 days (18 tablets) OR Ibuprofen 200 mg, 1-2 tablets t.i.d. with meal PRN X 3 days (18 tabs)</p> <p>- Earwax: Debrox 4-6 drops b.i.d. x 5 days. Refer to clinic for F/U after 5 days for ear flushing with warm water</p> <p>Until See by MD</p> <p>Patient Teaching:</p> <p>Do not put anything in ear</p> <p>Medication use</p> <p>- Proper ear covering (hat in winter or windy weather)</p>
O)	T97° P67 R 16 BP 143/83 WT 166	
	- Look into ear, nose & throat for swelling, drainage, redness, color of the tympanic membrane	
	Appearance of external ear and oral cavity: Describe B possible thrush.	Follow-Up:
	- Perforation visualized Yes No	- Return to sick call if symptoms worsen or persist
	- Test hearing (finger rub) Left: Y/N Right: Y/N - Check neck for node pain or for enlargement Yes No	Nurse Signature Z. S. S. Payment voucher NA
	A) Alteration in Comfort	

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

CENTRALIA CORRECTIONAL CENTER

Offender Information:

Vilayhong Manith M17024
 Last Name First Name MI ID#:

Date/Time	Subjective, Objective, Assessment	Plans
7/29/19	MD LINE NOTE T 78 P 79 R 76 B/P 137/23 WT 166 bilat ears, tongue, R/lb thrush	
	MD Rx 9/10 S whitish deposit, tongue - O: bullous patch, tongue Skull w/ dent. ② ea.	P. Myrtex and Spirin 5cc QID X 7 d F/15 - 1 week Myrtex 4mg TID pr BBW Lamictal
	A cleonic Osteo radix, ② ^o oral candidiasis	JR

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5-2-19

TO: Linda Nalewajka HCVA, ADA Coordinator
Inmate Name: Menith Vilaythong M17024 S4-18

Today was not a good day for me. I went to telepsych and could not hear most of what Dr. Barb was saying. The sound was like screeching in my ears and was unbearable. Both my ear drums hurt and I got nausea. I feel like I'm getting worse. The officer told me I'd be rescheduled. I couldn't stand the sound anymore so I had to tell Dr. Barb I was leaving and left. It was like the sound was drawing me crazy.

M Vilaythong

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Physical Examination
Centralia Correctional Center

		Offender Information:	
Date: <u>5/6/19</u>		Last Name: <u>Vilayhong</u>	First Name: <u>Mantle</u>
Time: <u>11</u>	<input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	MI: <u></u>	ID#: <u>M17024</u>
		Race: <input type="checkbox"/> White <input type="checkbox"/> African American <input checked="" type="checkbox"/> Asian American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other	
		Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth: <u>5 / 8 / 86</u>

	Yes	No	Explanation:
Hx reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lab reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Subjective: Condition	Yes	No	Explanation:
Allergy		<input checked="" type="checkbox"/>	
Substance Abuse	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<i>Cocaine, cocaine, THC, "milk, " Marijuana</i>
Shared Needles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sexual Contact with:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Homosexual Activity		<input type="checkbox"/>	<i>Central male</i>
STD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
HIV/AIDS		<input type="checkbox"/>	
Blood Transfusions		<input type="checkbox"/>	
Three or more months of:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
Weight Loss (>15 Lbs.)		<input type="checkbox"/>	
Lymphadenopathy		<input type="checkbox"/>	
Fatigue		<input type="checkbox"/>	
Other (Female)	<input type="checkbox"/>	<input type="checkbox"/>	G _____ P _____ AB _____ LNMP _____
a. Mammography	<input type="checkbox"/>	<input type="checkbox"/>	Date/Results: _____ <i>NO</i>
b. Family Hx Breast Cancer	<input type="checkbox"/>	<input type="checkbox"/>	If yes, family member: _____ <i>NO</i>
c. PAP Smear	<input type="checkbox"/>	<input type="checkbox"/>	Date/Results: _____

Past Hospitalizations:

Diagnosis: _____

Diagnosis: _____

Date(s): _____

Date(s): _____

Hospital: _____

Hospital: _____

Location: _____

Location: _____

Date: <u>5/6/19</u>	Offender Information:	<u>Vilayhong Manith</u>	First Name	MI	ID#: <u>M17024</u>
Time: <u>11</u>	Last Name				
	Race: <input type="checkbox"/> White <input checked="" type="checkbox"/> African American <input checked="" type="checkbox"/> Asian American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other				
	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: <u>5/8/66</u>		
<input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.					

Objective: System	Normal	ABN	Explanation:		
Head, Neck, Face, & Scalp	/		<i>Normal</i>		
Nose and Sinuses	/				
Mouth and Throat	/				
Ears	/		Oral Condition: Drums: <i>normal</i> Rattle, indist Normal/Grossly Intact: <i>yes</i>		
Eyes	/		Pupils: <i>PERC 20/20</i> Accommodation: <i>good</i>		
Lungs and Chest including Breast	/		Auscultation: <i>clear + resonant, no rales</i>		
Heart	/		Rate: <i>70</i> Rhythm: <i>regular</i>		
Vascular	/		Size: <i>normal</i>		
Abdomen	/		Murmurs: <i>no</i>		
Anus, Rectum (Prostate - 40+ Male Only)	/	-	Consistency: <i>soft</i> Masses: <i>none</i>		
Genito-Urinary System	/		Tenderness: <i>no</i> Scars: <i>none</i>		
Upper Extremities	/		Strength: <i>normal</i> ROM: <i>full</i>		
Lower Extremities	/		Strength: <i>normal</i> ROM: <i>full</i>		
Spine and Musculo-Skeletal	/				
Skin and Lymphatics	/				
Neurologic DTR's	/		Romberg: <i>normal</i> Biceps: <i>normal</i> Patella: <i>normal</i>		
Mental Status	/				
Pelvis (Female Only)	<u>NR</u>		Cervix: <i>normal</i> Fundus: <i>normal</i>	Vaginal Canal: <i>normal</i>	PAP: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> R

Assessment: Problem # NRPA

Plan: (Check box as appropriate and complete plan)

Placement Consideration: Yes NoHR: Yes NoFood Handler Status: OnExaminer's Signature:

Dr. Venerio M. Santos

Print Name

Dr. Venerio M. Santos

Signature

5/6/19

Date

RX

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

CENTRALIA CORRECTIONAL CENTER

Offender Information:

Vilayhong Manith
 Last Name First Name MI
 ID#: M17024

Date/Time	Subjective, Objective, Assessment	Plans
5-6-19	MD LINE NOTE T 98% P 53% R 10% B/P 121/67 WT 166 lbs S Stev ch pain, left ear. O (R) ear - TM infected drill, no swelling or redness (improved) m monday (L) ear - wiz A chronic Otitis media, (R), improved recent	
9/15		P. antibiotic am Otic J/K F10 - 1 month
		for next few days
		M 11/19 ST 9/4/08
5/6/19	Problem list updated 1120A PE completed per MD	PAUL

Distribution: Offender's Medical Record

DOC 1084 (Eff. 9/2002)
(Replaces DC 7147)

Z

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

CENTRALIA CORRECTIONAL CENTER

Offender Information:

Vilayhey Manith ID#: 117028
 Last Name First Name MI

Date/Time	Subjective, Objective, Assessment	Plans
6/1/19	MD LINE NOTE T 983 P 53 R 14 B/P 12/61 WT 164	
	MD note S Still cramps, with recent op. on P. Cora L. O (P) on. The joint is bent, no swelling	P. Cora L. Carpal flexion 0.3% R (P)
6/1/19	A Big PK chain on her and her in pain	on B (P) Carpal 10 days
		Amput JHM

3a.

Manith Vilaythong M17024 S4-C8
Centralia C.C.
P.O. Box 7711
Centralia IL, 62801

June 1, 2019

LANA NALEWASKA HCUA
C.C.C.
P.O. BOX 7711
Centralia IL, 62801

RE: 1. REQUEST TO SPEAK WITH YOU. 2. UPDATE ON
PHYSICIAN VISIT FOR FOLLOW UP TREATMENT PERTAINING
TO 3 STAPH INFECTIONS IN INNER EARS, 3. REQUEST
TO RE-TAKE HEARING SCREENING. 4. Request to see Specialist.

Today I saw the Physician Dr. Santos for my 30 day
follow-up. I informed him that the pain in my
ears has increased since I stopped taking Levofloxacin
and I requested more and was denied. The Physician
inspected my right ear and I informed him the

coloscopy hurt. The Physician stated based upon his observations the infections are gone and I told him I disagree. I requested another culture to be sure and was denied. I requested to be sent out to see a specialist for the pressure in my ears and was denied. I am still experiencing hearing loss in my right ear and I believe that the staph infections have caused damage to my hearing and therefore I request to take the hearing screening again. Also, I hope that you will help me to get sent out to see an(ENT) Specialist as the Physician has now determined my ear infections are no longer present.

Thank you for your time and consideration.

Respectfully Submitted,

MANITH VILAYTHONG

Manith Vilaythong

3b

MANITH VILAYHONG M17024 34-C8
CENTRALIA C.C.
P.O.BOX 7711
CENTRALIA IL, 62801

JUNE 2, 2019

LANA NALEWSKA HCUA
C.C.C.
P.O.BOX 7711
Centralia IL, 62801

RE: SUPPLEMENT TO JUNE 1, 2019 LETTER I SENT YOU,

ON June 1, 2019 the Physician Dr. Santos told me that my ear infections are gone and to start using ear buds again. I told him I will experience pain and he said be careful because the infections could come back. He also ordered me eardrops again which does not make sense to me. If the infections are gone and it is okay to use earbuds, why is he directing me to take more eardrops? A lot of things do not make

sense and I was hoping you could help me to better understand what's going on. The Physician has told me my treatment is done due to the infections being gone and to now use earbuds, and at the same time he orders more ear drops to treat the infections. Is my treatment plan done, or am I still being treated? The Physician unequivocally told me that my ear infections are gone, but on paper it appears he is still treating me for my ear infections. I would greatly appreciate if you would clarify the discrepancies for me. Thank you for your time and consideration.

Respectfully Submitted,
MANITH VILAYHONG
Manith Vilayhong

J.B. Pritzker
Governor



3C
Rob Jeffreys
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender: Vilayhong, Manith

6/3/19

Date

ID#: M17024

Facility: Centralia

This is in response to your grievance received on 5/31/19. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your Issue regarding: Grievance dated: 4/29/19 Grievance Number: E-19-4-125 Griev Loc: Centralia

- Transfer denied by the Facility
- Dietary _____
- Personal Property _____
- Mailroom/Publications _____
- Assignment (job, cell) _____
- Commissary / Trust Fund _____
- Conditions (cell conditions, cleaning supplies, etc.) _____
- Disciplinary Report: Dated: _____ Incident # _____
- Other: Medical- grieves headphones and watch for hearing issues.

Based on a review of all available information, this office has determined your grievance to be:

- Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____
- Denied as the facility is following the procedures outlined in DR525.
- Denied in accordance with DR504F, this is an administrative decision.
- Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
- Other: Items are not medically indicated at this time. Medical treatment is at the discretion of the provider.

FOR THE BOARD: Amy Burle
Amy Burle
Administrative Review Board

CONCURRED: Rob Jeffreys
Rob Jeffreys
Acting Director

CC: Warden, Centralia Correctional Center
Vilayhong, Manith, ID# M17024

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

3C1

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: 4-29-19	Offender: (Please Print) <u>Manith Vilayhong</u>	ID#: MI7024
Present Facility: C.C.C.	Facility where grievance issue occurred: <u>C.C.C.</u>	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input checked="" type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		<input checked="" type="checkbox"/> Other (specify): <u>DELIBERATE INDIFFERENCE</u>
<input type="checkbox"/> Disciplinary Report: / /		Date of Report	Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

Today I saw the physician Dr. Santos due to my 3 staph infections in my inner ears, I informed him that both of my ears hurt constantly and that I can't use my earbuds. He told me to NOT USE EARBUDS. I am fighting 3 Major infections and I need a pair of headphones and a vibrating watch. The physician informed me that the infections are very resilient. I will be Sighting these infections for months. I have

Relief Requested: Request a pair of headphones and Vibrating watch.

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

M Vilayhong
Offender's Signature

MI7024 4,29,19
ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: / /	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response:		
Print Counselor's Name	Counselor's Signature	Date of Response

EMERGENCY REVIEW

Date Received: / /	Is this determined to be of an emergency nature?	<input type="checkbox"/> Yes; expedite emergency grievance
		<input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature		Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

2

not been able to use my earbuds for a long time and have already been denied ADA Accommodations.

This is a violation of my 8th Amend right to be free from cruel and unusual punishment. I can not listen to my T.V. or radio period. Earbuds are dangerous for my ear and hurt. The Physician told me to NOT USE EARBUDS. I am following his treatment plan. He told me he bonus & can't hear.

Other people who can not hear well have headphones and a watch, why can't being treated differently and discriminated against?

I also have chronic inner ear pressure which bulges my ear drums out and cause symptoms. Together with the 3 major Staph infections I am suffering. I have hearing loss, vertigo, pain, pressure, infections, headaches, eye aches, jaw aches, throat pain. And this is not going away any time soon.

To continue to deny me headphones and a watch is deliberately indifferent to my serious medical needs.

CC. Filed

J.B. Pritzker
Governor



3d
Rob Jeffreys
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender: Vilayhong, Manith

6/4/19

Date

ID# : M17024

Facility: Centralia

This is in response to your grievance received on 5/31/19. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 4/28/19 Grievance Number: 19-4-122 Griev Loc: Centralia

- Transfer denied by the Facility
- Dietary _____
- Personal Property _____
- Mailroom/Publications _____
- Assignment (job, cell) _____
- Commissary / Trust Fund _____
- Conditions (cell conditions, cleaning supplies, etc.) _____
- Disciplinary Report Dated: _____ Incident # _____
- Other Medical- grieves co-pay for chronic ear issue.

Based on a review of all available information, this office has determined your grievance to be:

- Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____
- Denied as the facility is following the procedures outlined in DR525.
- Denied, in accordance with DR504F, this is an administrative decision.
- Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
- Other: The ear condition does not qualify as a 'chronic' condition.

FOR THE BOARD: Amy Burle
Amy Burle
Administrative Review Board

CONCURRED: Rob Jeffreys
Rob Jeffreys
Acting Director

CC: Warden, Centralia Correctional Center
Vilayhong, Manith ID# M17024

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

State of Illinois - Department of Corrections**Counseling Summary**

IDOC #	M17024	Counseling Date	06/05/19 11:10:18:500
Offender Name	VILAYHONG, MANITH A.	Type	Collateral
Current Admit Date	10/19/2010	Method	Other
MSR Date	02/02/2029	Location	CEN ACADEMIC
HSE/GAL/CELL	S4-C -08	Staff	COURTRIGHT, NATHAN R., Correctional Officer

Note to offender: Sent a message to the HCU Administrator and Mental Health about your ear issues.
Just waiting for a response.

If may take a day or two.
I will get back to you.

Courtright

*BEGIN USING FROM BOTTOM UP

NKDA

3F

5/8/86

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)

Patient Vilayhong, Manith

Reg. # M17024

Date: 5/4/19

Problem _____

ORDER: (Physician's Signature After Last Order)

Ketagen TID → daily X 1 month*Ciprofloxacin 400 mg 1-2 tabs BID to PRN**Acetaminophen TID PRN*

DEA/Illinois Lic. # _____ Physician (Print) _____

 May Substitute

M.D.

 May Not Substitute

M.D.

DCA 7000
IL 426-1417Noted by: *John*

Date:

5/4/19

NKDA

5-8-86

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)

Patient Vilayhong, Manith

Reg. # M17024

Date:

3/25/19

Problem _____

ORDER: (Physician's Signature After Last Order)

*Ciprofloxacin 400 mg BID**to PRN* X 1 week

DEA/Illinois Lic. # _____

Physician (Print) _____

M.D.

 May Substitute

M.D.

 May Not SubstituteDCA 7000
IL 426-1417Noted by: *Bob Cletta*

Date:

3/29/19

NKDA

5-8-86

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)

Patient Vilayhong Manith

Reg. # M17024

Date:

3/14/19

Problem _____

ORDER: (Physician's Signature After Last Order)

Augmentin 875mg BID X 10 days

DEA/Illinois Lic. # _____

Physician (Print) _____

M.D.

 May Substitute

M.D.

 May Not SubstituteDCA 7000
IL 426-1417Noted by: *John*

Date:

3/14/19

*BEGIN USING FROM BOTTOM UP

NKDA

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)Patient Vilayhong, Manith Reg. # M17024 Date: 5/9/19

Problem _____

ORDER: (Physician's Signature After Last Order) Ciprofloxacin 0.3% eye drops
11 drops BID to R ear x 1 month

DEA/Illinois Lic. # _____

Physician (Print) TO Dr. SantosDCA 7000
IL 426-1417 May Substitute _____
 May Not Substitute _____Noted by: AM

M.D.

M.D.

Date: 5/9/19

NKDA

5-8-86

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)Patient Vilayhong Manith Reg. # M17024 Date: 5/6/19

Problem _____

ORDER: (Physician's Signature After Last Order) Ciprofloxacin 0.3% eye drops
Ciprofloxacin 0.3% eye drops 2 g R BID to R
ear x 1 month

DEA/Illinois Lic. # _____

Physician (Print) TO Dr. SantosDCA 7000
IL 426-1417 May Substitute _____
 May Not Substitute _____Noted by: BM

M.D.

M.D.

Date: 5/6/19

NKDA

5-8-86

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)Patient Vilayhong Manith Reg. # M17024 Date: 4/29/19

Problem _____

ORDER: (Physician's Signature After Last Order) Nizatidine Oral Suspension 5cc QID
(sustained release) x 7 days

DEA/Illinois Lic. # _____

Physician (Print) TO Dr. SantosDCA 7000
IL 426-1417 May Substitute _____
 May Not Substitute _____Noted by: AM

M.D.

M.D.

Date: 4/29/19

*BEGIN USING FROM BOTTOM UP

State of Illinois
Dept. of Corrections**PRESCRIPTION ORDER**
Chart Copy (Not a prescription)

Patient _____ Reg. # _____ Date: _____

Problem _____

ORDER: (Physician's Signature After Last Order) _____

DEA/Illinois Lic. # _____ Physician (Print) _____

- May Substitute _____ M.D.
 May Not Substitute _____ M.D.

DCA 7000
IL 426-1417 Noted by: _____ Date: _____State of Illinois
Dept. of Corrections**PRESCRIPTION ORDER**
Chart Copy (Not a prescription)

Patient _____ Reg. # _____ Date: _____

Problem _____

ORDER: (Physician's Signature After Last Order) _____

DEA/Illinois Lic. # _____ Physician (Print) _____

- May Substitute _____ M.D.
 May Not Substitute _____ M.D.

DCA 7000
IL 426-1417 Noted by: _____ Date: _____

NKA

5/8/86

State of Illinois
Dept. of Corrections**PRESCRIPTION ORDER**
Chart Copy (Not a prescription)Patient Vilayhang, Manith Reg. # M17024 Date: 6/3/89

Problem _____

ORDER: (Physician's Signature After Last Order)
Capsules, 500 mg oral 500-1-232600 mg (P) 100 X 1 unitclonazepam 10 mg oral X 10 days

DEA/Illinois Lic. # _____ Physician (Print) _____

- May Substitute _____ M.D.
 May Not Substitute _____ M.D.

DCA 7000
IL 426-1417 Noted by: Cham Date: 6/11/92

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

(10f3) 31

Date: 6-26-19	Offender: (Please Print) Manith Vilaybhang	ID#: M17024
Present Facility: C.C.C.	Facility where grievance issue occurred: C.C.C.	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Disciplinary Report: / / Date of Report		<input type="checkbox"/> HIPAA
		<input checked="" type="checkbox"/> Other (specify): CHRONIC OTITIS MEDIA
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.		
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:		
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): I have chronic Otitis Media of PSEUDONOMAS AERUGINOSA VARIETY 1 and 2 and was directed by Lara Nalewajka to return to NSC if pain persists. Pain is increasing so today I went to NSC @ 2 P.M., to request pain meds. The nurse asked me what's going on and I informed her that on 6-1-19 the physician Dr. Scott told me my treatment was done and my infections were gone. I informed her I had pus in both ears which other people told me they can see and my ears hurt so I need pain meds. She inspected my ears with an otoscope and I immediately felt dizzy and told her		
Relief Requested: Request adequate medical treatment		
<input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
<i>M Vilaybhang</i> Offender's Signature		ID# M17024 Date 6-26-19
(Continue on reverse side if necessary)		

Counselor's Response (If applicable)		
Date Received: / /	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response:		
Print Counselor's Name	Counselor's Signature	Date of Response

RECEIVED		EMERGENCY REVIEW
Date Received: JUN 27 2019	Is this determined to be of an emergency nature?	
<input checked="" type="checkbox"/> Yes; expedite emergency grievance		
<input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.		
<i>J. Lohr</i> Chief Administrative Officer's Signature		Date 6-22-19

it hurt. She said I had ear wax buildup, she then went to inspect my @ ear and I requested she put a new covering on the otoscope as to not transfer infection and she responded there was no hole in my ear drum so an infection couldn't spread but she reluctantly said she would do so if it made me feel better. Examination of my @ ear hurt and she said I had ear wax buildup, I told her it was pus from the infections and she indicated she knew I've had those infections for a long time. She said she would give me ear wax removal drops for an ear flush and I told her I don't feel safe putting anything in my ears unless directed to do so by the Dr. She asked me if I was refusing treatment and I reiterated I don't feel safe. She directed me to sit in the waiting area and returned @ 10 min. later with some Ibuprofen. She asked me "are you doing this for documentation?" "why are you here?" "I want to know?" I was shocked that she was asking such strange questions. I once again told her my ears hurt and I need pain meds, I don't feel safe following her treatment plan for Chronic Otitis Media unless directed to do so by the Dr. She said your choosing not to see the Dr. and I informed her that I never said that. It's not my choice if the Dr. chooses to treat me or not that's his choice. She told me to sign the voucher for payment of meds and to leave. She said I don't need to come to HCU for pain meds → I can get them cheaper from commissary.

On 6-1-19 the physician told me my infections were gone and now here it is 3^{1/2} wks later my ears are filled up with pus and I'm still in pain. I filed an Emergency Grievance on 1-24-19 documenting my ear issues. It has been 5 MONTHS and I'm still getting the "run-around". Chronic Otitis Media comes from acute Otitis Media which is left untreated. Eventually it gets to the point where the infections are well established. The pus it produces can cause perforation of the ear drum or damage to the small bones in the middle ear. I've been taking ciprofloxacin drops since 4-7-19 twice a day, that's over 2^{1/2} months and my ears are still filling with pus so obviously ciprofloxacin is not working because it can not reach the infection site.

It is well documented in my Medical Records that I have chronic Otitis Media. The Nurse today was aware of that. She is treating my pus build up as merely "ear wax" and I don't feel safe putting anything in my ears and letting a nurse flush my ears which hurt unless the Dr. personally tells me that's the treatment plan. The infections could have spread to my mastoid process. I may have cholesteatoma. The infections could lead to meningitis which could be fatal. I've endured 5 months straight of pain, not hearing well, pus in my ears, pressure in my ears causing pain, vertigo, ear itching, getting the "run-around", being told nothing's wrong, and through it all here we are with a nurse saying I merely have ear wax build up and lets do an ear flush. My condition is serious and I'm not going to let any nurse treat me for my ear infections with their prognosis of what will solve the problem. I want the Dr. to inspect my ears himself and if he directs ear wax removal drops and an ear flush I would follow the Dr's treatment plan as I always have. Warden stock has told me to be patient and I have

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

(3 of 3)

Date: 6-26-19	Offender: (Please Print) Manith Vilayhong	ID#: M17024
Present Facility: C.C.C.	Facility where grievance issue occurred:	C.C.C.

NATURE OF GRIEVANCE:

- Personal Property Mail Handling Restoration of Good Time ADA Disability Accommodation
 Staff Conduct Dietary Medical Treatment. HIPAA CHRONIC OTIUS
 Transfer Denial by Facility Transfer Denial by Transfer Coordinator Other (specify): MEDINA
 Disciplinary Report: / / Date of Report Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

been for 5 Months. The constant struggle has taken a psychological toll on me. I think about my future and how this condition will affect me as I get older. Every day I'm sitting around waiting for I doc and WEIRD to figure out what they are going to do or not do to help me is another day I suffer and my condition is getting worse. The infections are spreading and that's obvious.

I hope and pray that I am not retaliated against in any way, shape or form, due to me exercising my protected right to petition the government for a redress of grievances. C.C. FILED

Relief Requested: Request adequate medical treatment.

 Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.M. Vilayhong

Offender's Signature

M17024 6-26-19

Date

(Continue on reverse side if necessary)

Counselor's Response (If applicable)

Date

Received: / /

 Send directly to Grievance Officer Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response:

Print Counselor's Name

Counselor's Signature

Date of Response / /

EMERGENCY REVIEW

Date

Received: / /

Is this determined to be of an emergency nature?

- Yes; expedite emergency grievance
 No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature

Date / /

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

S4C8

Grievance Officer's Report

Date Received: 6/27/2019Date of Review: 7/2/2019Grievance # (optional): E-19-6-103Offender: VilayhongID#: M17024

Nature of Grievance: medical treatment

Facts Reviewed: Offender states he has chronic otitis medial of pheudonomonas aeruginosa and was directed by the HCUA to return to nurse sick call if pain persists. Offender was told by the doctor that his ear infections were healed. Offender also says that pus can be seen in his ears and other offenders tell him they can see the pus as well. Offender says the pain in his ears is bad enough to return to sick call and requests medication for treatment. Offender says he was told by the RN that he has wax build up. Offender also says that he was not comfortable with the RN's treatment plan for wax removal, so he accepted the pain medication instead. Offender also states has been taking ciprofloxar ear drops since 4-7-2019, but the ear issues are not healed.

Offender requests treatment for his ear infections/issues.

Per HCUA, ; offender's grievance as well as his medical record have been reviewed. He was seen at sick call on 6/26/19 – for c/o bilateral ear pain. It is documented that there was a small amount of wax in both ears, however the offender is documented stating "I don't want to see the doctor, I don't want drops, I need Motrin only – therefore. 18 tabs of Ibuprofen 200 mg were given. He was not denied an appointment with the doctor, but he actually declined this. His information as well as this grievance has been sent to the agency medical director's office for further review per protocol. If the offender feels that he needs to be seen, he can return to nurse sick call at any time for further evaluation and treatment.

Recommendation: Based upon a total review of all available information, this Grievance Officer recommends offender's grievance be denied.

Susan Walker CCII

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Offender's Grievance, including counselor's response if applicable)

RECEIVED

Chief Administrative Officer's Response

Date Received: JUL 02 2019 I concur I do not concur RemandComments: CENTRALIA CORRECTIONAL CENTER
WARDEN'S OFFICE

Chief Administrative Officer's Signature

Date

Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

M Vilayhong

Offender's Signature

M17024

ID#

7/9/19

Date

3R

MANITH VILAYTHONG M17024 54-C8

CENTRALIA C.C.

P.O.BOX 7711

CENTRALIA IL, 62801

JULY 4, 2019

ARB

P.O.BOX 19277

SPRINGFIELD, IL 62794

RE: OFFENDER APPEAL FOR GRIEVANCE # E-19-6-103

MEDICAL TREATMENT CHRONIC OTITIS MEDIA.

I MANITH VILAYTHONG, am appealing this E-Grievance to the Directors.

First and foremost I would like to clarify that I never alleged in my Grievance that anybody denied me to see the Dr. I did however indicate that the treating nurse asked me some strange questions which raise a red flag. She said "are you doing this for documentation, why are you here, I want to know?" Clearly she was very concerned about how

she was going to document this NSC, and the HCUA completely hangs her hat on this questionable documentation and declines to address the issue of what really happened. The Nurse tried to prescribe me ear wax removal drops and schedule me for an ear flush when she knew I had Chronic Otitis Media and I refused because I did not feel safe following that prognosis unless directed to do so by the Dr.

This nurse knew I was in pain and she wanted to flush my ears with a high power syringe which would have been excruciating and would have completely flooded my ears with water providing a wet moist area for my bacteria's to grow, and on top of that pus from infections can cause perforation of ear drums so the syringe pressure could have damaged my ear drums. The HCUA does not even in the slightest touch on any of these issues.

I wrote in my Grievance the nurse said "your choosing not to see the Dr," and I informed her that I never said that. I told her I would not accept her treatment unless told to do so by the Dr. The nurse and I were conversing about my buildup of foreign substance in my ears and were disagreeing on whether it was ear wax or pus and were having a break-down in communication about how to remove or treat it.

The nurse doctor'd up the documentation making it seem like I walked in there and just refused to see the Dr. The HCUA did the same. The quote the nurse used doesn't even sound believable.

With my chronic otitis media condition being

known to the RN, I was distraught that she wouldn't even consider my concerns that my ears were filled with pus and not her blanket statement that it could only be ear wax. The RN had tunnel vision and she was going to treat me with the basic protocol of ear wax removal drops and an ear flush and not even factor in my medical condition.

I initially started complaining of ear pain here at C.C.C. on 1-17-19. My Medical Records are saturated with evidence that multiple nurses and even the Dr. examined my ears multiple times and missed the infections and gave me ear flushes which obviously contributed to the bacteria growing. Even when I still kept complaining of pain I continued to be sent away with supposedly no signs of infection. This same culture of deliberate indifference to my serious medical needs keeps happening to me and when I complain everybody is covering for everybody from the bottom to the top.

So according to the HCVA I went to the HCU for NSC and had a small amount of wax in both ears, refused to see the Dr., refused drops, and just took the pain meds, and she wanted to let it be known that I was not denied an appointment with the Dr., when I never said in my grievance I was denied an appointment. Look at how minute she makes the situation appear. The HCVA is suppose to be supervising the HCU and instead of actually properly

addressing relevant issues within her own people which may not look favorable upon them and bringing these issues to light and correcting them she just sweeps it under the rug and turns a blind eye.

Respectfully submitted,

MANITH VILAYTHONG
M Vilaythong

C.C. FILED

UPTOWN PEOPLE's LAW CENTER

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: 7-1-19	Offender: (Please Print) Manith Vilayhong	ID#: M17024
Present Facility: C.C.C.	Facility where grievance issue occurred: C.C.C.	

NATURE OF GRIEVANCE:

- Personal Property Mail Handling Restoration of Good Time ADA Disability Accommodation
 Staff Conduct Dietary Medical Treatment HIPAA CO-PAY
 Transfer Denial by Facility Transfer Denial by Transfer Coordinator Other (specify): CHRONIC OTITIS MEDIA
 Disciplinary Report: / / Date of Report Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On 4-29-19 I filed Grievance #19-4-122, which pertained to being charged \$5 co-pay for a chronic ear condition treatment. I requested Linda Nakamura HCVA to document in my Medical Records my condition was chronic and was denied. I was notified that my ear condition was not chronic by the HCVA and on 6/4/19 the ARB Denied my Grievance stating 'The ear condition does not qualify as a 'chronic ear issue'. On 6/24/19 I received my Medical Records up to the present date of 6/24/19 and upon review I

Relief Requested: 1. Request reimbursement for \$5 co-pay. 2. Request the ARB reverse their decision and reimburse me \$5 for co-pay. 3. Request to not be charged \$5 co-pay in the future for treatment of chronic Otitis Media.

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.


Offender's Signature

M17024 7.1.19

ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: _____ / _____ / _____	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____ _____ _____		Date of Response: _____ / _____ / _____
Print Counselor's Name	Counselor's Signature	

EMERGENCY REVIEW

Date Received: _____ / _____ / _____	Is this determined to be of an emergency nature?	<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature		Date: _____ / _____ / _____

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

(2 of 2)

discovered that on the dates of 4-4-19, 5-6-19, and 6-1-19, the Medical records document "CHRONIC OTITIS MEDIA". How is my condition not deemed chronic by the HCUT, and the ARB when the Medical Records document my ear issues as CHRONIC OTITIS MEDIA?

On 6/26/19 I went to NSC for treatment of my Chronic Otitis Media. I requested pain meds and was charged a \$5 co-pay. I also complained of pus in my ears which the nurse deemed as ear wax.

Whenever I go to health care for treatment of my Chronic Otitis Media I should not be charged \$5 co-pay.

Attached to Grievance 4-4-19, 5-6-19, Medical Records, 6-4-19 ARB Denial.

6-1-19

C.C. FILED

(1 of 2)

MANITH VILAYTHONG M17024 SU-C8
CENTRALIA C.C.
P.O.BOX 7711
CENTRALIA IL, 62801

July 3, 2019

LANA NALEWASKA HCUA
CENTRALIA C.C.
P.O.BOX 7711
CENTRALIA IL, 62801

RE: MEDICAL INFORMATION RELEASE FORM

ON April 10, 2019, my Grandmother [REDACTED],
[REDACTED] contacted
you by phone requesting to speak with you about
my Medical Information. The same day you sent
me a release form which I completed and sent
back to you that night. On June 3, 2019, and
June 27, 2019, my Grandmother contacted you and
you discussed my Medical Information to



(2 of 2)

her. Up until today there has been no problem with the disclosure of my Medical Information. Today my Grandmother contacted Mary Klein Medical Administrator for Centralia C.C. who contacted you. Mary Klein informed my Grandmother to tell me to send you that upon contacting you it was conveyed that there is no authorization to disclose Medical Information. Mary Klein directed my Grandmother to tell me to send you a request for a Medical Information release form so my Grandmother may have permission to discuss my Medical Information with Mary Klein and vice versa. To my personal direct knowledge I have already authorized this same action before and you have already discussed my Medical Information with my Grandmother, which would indicate either this authorization form is already on file or your discussing Medical Information with my Grandmother without my authorization to do so. It appears to me that my family and I are getting the run-around.

Manith Vibayhang

C.C. FILED
UP TOWN PEOPLE'S LAW CENTER

Bruce Rauner
Governor

John Baldwin
Acting Director



The Illinois Department of Corrections

Centralia Correctional Center

9330 Shattuc Rd, P.O. Box 1266 • Centralia, IL 62801 • (618) 533-4111 TDD: (800) 526-0844

MEMORANDUM

DATE: 4/10/19

TO: Inmate: Vilayhong

IDOC#: M17024 HOUSING UNIT: S4-C8

FROM: Lana Nalewajka, HCUA

SUBJECT: Disclosing Medical Information via Telephone

I received your request to discuss your medical information with a family member over the phone and/or a family member: Grandmother has requested to discuss your medical care over the phone. Before we can discuss anything with them, we need you to sign an "Authorization for Release of Offender Medical Health Information-DOC 0241" form, giving either the HCUA or the DON authorization to discuss your medical care with the individual(s) listed.

Please complete the highlighted areas, and return the form to: **HCU-Medical Records**.

State of Illinois - Department of Corrections

Counseling Summary

IDOC #	M17024	Counseling Date	07/03/19 09:53:47:307
Offender Name	VILAYHONG, MANITH A.	Type	Collateral
Current Admit Date	10/19/2010	Method	Other
MSR Date	02/02/2029	Location	CEN ACADEMIC
HSE/GAL/CELL	S4-C -08	Staff	COURTRIGHT, NATHAN R., Correctional Officer

Note to offender: I've sent the HCU Administrator an e-mail and I'm waiting for a response. Talked to the Grievance Officer and your Emergency Grievance was deemed and Emergency and it's moving through the proper channels at this time. I'm going to let the process run its coarse. If you don't hear anything in a week go ahead and send me a request slip and fill me in on the situation.

State of Illinois - Department of Corrections

30

Counseling Summary

IDOC #	M17024	Counseling Date	07/08/19 08:39:34:203
Offender Name	VILAYHONG, MANITH A.	Type	Collateral
Current Admit Date	10/19/2010	Method	Other
MSR Date	02/02/2029	Location	CEN ACADEMIC
HSE/GAL/CELL	S4-C -08	Staff	COURTRIGHT, NATHAN R., Correctional Officer

Note to offender: Sent an E-mail to Lana Nalewajka about your chronic ear pain and she responded back that, ". I have referred his case to the agency medical director for further review." It looks like the HCU Administrator is following up on your issues it just takes time. The state moves at a snails pace.

3P

On July 8, 2019, I MANITH VILAYHONG, went to my physician's appointment due to my chronic otitis media and bi-lateral ear pain. Dr. Santos was on vacation and another physician from Pickneyville C.C. took his place. This physician examined my ears and said "they look like cottage cheese". He informed me he believed I had thrush. I told him I knew I had thrush and showed him my white tongue. I informed him that on June 1, 2019, I requested more probiotics from Dr. Santos and was denied. This physician informed me the thrush is probably in my esophagus already. I told him all about my ear issues pertaining to my strep infections. He asked me why hadn't I seen an ENT already? I told him Kara Nalewajka HCUA and Warden Stock told me I'm at the collegial review level. The physician said there's nothing in my file about collegial review for an ENT that he could see. He therefore submitted me for ENT and provided me with bi-lateral culture swabs.

I MANITH VILAYHONG, hereby declare under penalty of perjury pursuant to 28 U.S.C. § 1746, that the foregoing statements are true and correct.

MANITH VILAYHONG MI7024

M Vilayhong
C.C.C.

P.O. BOX 7711
Centralia C.C.

Manith Vilayhong M17024

C.C.C.

P.O.BOX7711

Centralia IL,62801

LEGAL MAIL

CIRCUIT COURT CLERK
SOUTHERN DISTRICT OF ILLINOIS
750 Missouri Avenue
East St. Louis, IL 62201

LEGAL

This Correspondence
Is From An Inmate
Of The IL Dept
Of Corrections



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